# United States Bankruptcy Court Eastern District of New York, Brooklyn Division

| IN RE:                                                                 |                                           | Case No                                                     |
|------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|
| Rattan, Balgobin                                                       |                                           | Chapter 7                                                   |
| -                                                                      | Debtor(s)                                 | •                                                           |
|                                                                        | VERIFICATION OF CRED                      | ITOR MATRIX                                                 |
| The above named debtor(s) or a correct to the best of their knowledge. |                                           | fy that the attached matrix (list of creditors) is true and |
| Date: December 4, 2019                                                 | <u>/s/ Balgobin Rattan</u><br>Debtor      |                                                             |
|                                                                        | Joint Debtor                              |                                                             |
|                                                                        | /s/ Joseph Balisok<br>Attorney for Debtor |                                                             |

Bank of America Attn: Bankruptcy PO Box 982238 El Paso, TX 79998-2238

Bank of America 4909 Savarese Cir Tampa, FL 33634-2413

Bank of America PO Box 982238 El Paso, TX 79998-2238

Bankamerica 4909 Savarese Cir Tampa, FL 33634-2413

Barclays Bank Delaware PO Box 8803 Wilmington, DE 19899-8803

Barclays Bank Delaware Attn: Correspondence PO Box 8801 Wilmington, DE 19899-8801

Chase Card Services
Attn: Bankruptcy
PO Box 15298
Wilmington, DE 19850-5298

Citi/Sears Citibank/Centralized Bankruptcy PO Box 790034 Saint Louis, MO 63179-0034

Deutsche Bank National Trust Company 345 Park Ave New York, NY 10154-0004

First National Bank
Attn: Bankruptcy
1620 Dodge St # MSC 4440
Omaha, NE 68197-0003

Fnb Omaha PO Box 3412 Omaha, NE 68103

Jpmcb Card PO Box 15369 Wilmington, DE 19850-5369

Ras Boriskin, LLC 900 Merchants Concourse Ste 300 Westbury, NY 11590-5114

Sears/Cbna PO Box 6217 Sioux Falls, SD 57117-6217 State Farm Bank, F.S.B Bloomington, IL 61701

State Farm Financial S 1 State Farm Plz Bloomington, IL 61710-0001

The Bureaus Inc 650 Dundee Rd Northbrook, IL 60062-2747

B201B (Form 201B) (12/09)

#### United States Bankruptcy Court Eastern District of New York, Brooklyn Division

| IN RE:                                                                                                           | Case N                                                | No                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rattan, Balgobin  Debtor(s)                                                                                      | Chapte                                                | er <b>7</b>                                                                                                                                                               |
|                                                                                                                  | F NOTICE TO CONSUMER DEBTO (b) OF THE BANKRUPTCY CODE | R(S)                                                                                                                                                                      |
| Certificate of [Non-                                                                                             | Attorney] Bankruptcy Petition Prepar                  | rer                                                                                                                                                                       |
| I, the [non-attorney] bankruptcy petition preparer signin notice, as required by § 342(b) of the Bankruptcy Code |                                                       | delivered to the debtor the attached                                                                                                                                      |
| Printed Name and title, if any, of Bankruptcy Petition F Address:                                                | petition petition the Social principal the bank       | ecurity number (If the bankruptcy preparer is not an individual, state al Security number of the officer, l, responsible person, or partner of ruptcy petition preparer.) |
| XSignature of Bankruptcy Petition Preparer of officer, pr                                                        |                                                       | ed by 11 U.S.C. § 110.)                                                                                                                                                   |
| partner whose Social Security number is provided above                                                           |                                                       |                                                                                                                                                                           |
| C                                                                                                                | ertificate of the Debtor                              |                                                                                                                                                                           |
| I (We), the debtor(s), affirm that I (we) have received a                                                        | nd read the attached notice, as required by §         | 342(b) of the Bankruptcy Code.                                                                                                                                            |
| Rattan, Balgobin                                                                                                 | X /s/ Balgobin Rattan                                 | 12/04/2019                                                                                                                                                                |
| Printed Name(s) of Debtor(s)                                                                                     | Signature of Debtor                                   | Date                                                                                                                                                                      |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Case No. (if known)

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Signature of Joint Debtor (if any)

Date

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| Fill in                         | this information to identil               | y your case:             |                                                                                                       |                                                          |
|---------------------------------|-------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Debtor 1                        | Balgobin Rattan                           |                          |                                                                                                       |                                                          |
|                                 | First Name                                | Middle Name              | Last Name                                                                                             | -                                                        |
| Debtor 2<br>(Spouse if, filing) | First Name                                | Middle Name              | Last Name                                                                                             | -                                                        |
|                                 |                                           |                          |                                                                                                       |                                                          |
| United States E                 | Bankruptcy Court for the:                 | EASTERN DISTRICT         | OF NEW YORK, BROOKLYN DIVISION                                                                        | -                                                        |
| Case number<br>(if known)       |                                           |                          |                                                                                                       | Check if this is an amended filing                       |
| O#: :   E                       | 400                                       |                          |                                                                                                       |                                                          |
| Official F                      |                                           |                          |                                                                                                       | _                                                        |
| Stateme                         | ent of Intentio                           | n for Individ            | duals Filing Under Cha                                                                                | 12/15 12/15                                              |
| -                               | dividual filing under chap                | -                        | this form if:                                                                                         |                                                          |
| _                               | ve claims secured by you                  |                          |                                                                                                       |                                                          |
| You must file tl                | never is earlier, unless the              | thin 30 days after you   | кригеd.<br>file your bankruptcy petition or by the date<br>ne for cause. You must also send copies to |                                                          |
|                                 |                                           |                          |                                                                                                       |                                                          |
|                                 | people are filing together late the form. | in a joint case, both ar | e equally responsible for supplying correc                                                            | t information. Both debtors must sign                    |
| Be as complete                  | and accurate as possible                  | e. If more space is nee  | ded, attach a separate sheet to this form. C                                                          | on the top of any additional pages.                      |
| •                               | your name and case num                    | •                        | uou, uttasti u oopuluto onoot to tiilo toiliili e                                                     | m mo top of any additional pages,                        |
| Part 1: List                    | Your Creditors Who Have                   | Secured Claims           |                                                                                                       |                                                          |
| <u> </u>                        |                                           |                          |                                                                                                       | . (25)                                                   |
| 1. For any cred<br>information  |                                           | rt 1 of Schedule D: Cre  | editors Who Have Claims Secured by Prope                                                              | erty (Official Form 106D), fill in the                   |
|                                 | creditor and the property th              |                          | Vhat do you intend to do with the property ecures a debt?                                             | that Did you claim the property as exempt on Schedule C? |
|                                 |                                           |                          |                                                                                                       |                                                          |
| Creditor's                      | Bank of America                           |                          | Surrender the property.                                                                               | ■ No                                                     |
| name:                           |                                           | _                        | ☐ Retain the property and redeem it.                                                                  |                                                          |
| Description                     | of 500 Hamanaa A                          |                          | $\square$ Retain the property and enter into a <i>Reaffirm</i>                                        | aation                                                   |
| Description of property         | of 503 Hegeman Ave<br>NY 11207-6807       |                          | Agreement. ☐ Retain the property and [explain]:                                                       |                                                          |
| securing deb                    |                                           | _                        | Retain the property and [explain]:                                                                    |                                                          |
|                                 |                                           |                          |                                                                                                       |                                                          |
| Creditor's                      | Bank of America                           |                          | Surrender the property.                                                                               | ■ No                                                     |
| name:                           |                                           |                          | Retain the property and redeem it.                                                                    | □ v                                                      |
| Description of                  | of                                        |                          | Retain the property and enter into a Reaffirm<br>Agreement.                                           | ation                                                    |
| property                        | -                                         | Г                        | Retain the property and [explain]:                                                                    |                                                          |
| securing deb                    | vt:                                       | _                        |                                                                                                       |                                                          |
|                                 |                                           |                          |                                                                                                       |                                                          |
| Creditor's                      | Bank of America                           |                          | Surrender the property.                                                                               | ■ No                                                     |
| name:                           |                                           |                          | Retain the property and redeem it.                                                                    | ration                                                   |
| Description of                  | of                                        |                          | $oldsymbol{\square}$ Retain the property and enter into a <i>Reaffirm</i>                             | nation 🗀 res                                             |
| _ 5555112115111                 |                                           |                          | Agroomont                                                                                             |                                                          |
| property                        | Ji                                        | г                        | Agreement.  Retain the property and [explain]:                                                        |                                                          |
| property<br>securing deb        |                                           | Γ                        | Agreement.  Retain the property and [explain]:                                                        |                                                          |

Statement of Intention for Individuals Filing Under Chapter 7

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Official Form 108

| Debtor 1 Rattan, Balgobin                                                                                     | Case number (if known)                                                                                                                                                                                            |               |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|                                                                                                               |                                                                                                                                                                                                                   |               |
| Creditor's Barclays Bank Delaware name:  Description of property securing debt:                               | <ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> <li>Retain the property and [explain]:</li> </ul>        | ■ No          |
| Creditor's Chase Card Services name:  Description of property securing debt:                                  | <ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> <li>Retain the property and [explain]:</li> </ul>        | ■ No          |
| Creditor's Chase Card Services name:  Description of property securing debt:                                  | <ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a <i>Reaffirmation Agreement</i>.</li> <li>Retain the property and [explain]:</li> </ul> | ■ No<br>□ Yes |
| Creditor's Citi/Sears name:  Description of property securing debt:                                           | ■ Surrender the property.  □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:                                              | ■ No<br>□ Yes |
| Creditor's name:  Deutsche Bank National Trust Company  Description of property NY 11207-6807  securing debt: | <ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a <i>Reaffirmation Agreement</i>.</li> <li>Retain the property and [explain]:</li> </ul> | ■ No<br>□ Yes |
| Creditor's <b>First National Bank</b> name:  Description of property securing debt:                           | <ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> <li>Retain the property and [explain]:</li> </ul>        | ■ No<br>□ Yes |
| Creditor's First National Bank of Omaha name:  Description of                                                 | <ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> </ul>                                                    | ■ No          |

Official Form 108

| Deb         | otor 1 Rattan, Balgobin                                                                                                                                                                                                    | Case number (if known)                                                                                                                                                                                                           |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | property<br>ecuring debt:                                                                                                                                                                                                  | ☐ Retain the property and [explain]:                                                                                                                                                                                             |
| n<br>E<br>p | Creditor's State Farm Financial S name: Description of property necuring debt:                                                                                                                                             | ■ Surrender the property.  □ Retain the property and redeem it. □ Retain the property and enter into a <i>Reaffirmation Agreement</i> . □ Retain the property and [explain]:                                                     |
| or<br>he i  | t2: List Your Unexpired Personal Property Leases any unexpired personal property lease that you listed information below. Do not list real estate leases. Unexpassume an unexpired personal property lease if the transfer | in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in bired leases are leases that are still in effect; the lease period has not yet ended. You ustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Des         | scribe your unexpired personal property leases                                                                                                                                                                             | Will the lease be assumed?                                                                                                                                                                                                       |
| Des         | sor's name:<br>scription of leased<br>perty:                                                                                                                                                                               | □ No □ Yes                                                                                                                                                                                                                       |
| Des         | sor's name:<br>cription of leased<br>perty:                                                                                                                                                                                | □ No □ Yes                                                                                                                                                                                                                       |
| Des         | sor's name:<br>scription of leased<br>perty:                                                                                                                                                                               | □ No □ Yes                                                                                                                                                                                                                       |
| Des         | sor's name:<br>scription of leased<br>perty:                                                                                                                                                                               | □ No □ Yes                                                                                                                                                                                                                       |
| Des         | sor's name:<br>scription of leased<br>perty:                                                                                                                                                                               | □ No □ Yes                                                                                                                                                                                                                       |
| Des         | sor's name:<br>cription of leased<br>perty:                                                                                                                                                                                | □ No □ Yes                                                                                                                                                                                                                       |
| Des         | sor's name:<br>scription of leased<br>perty:                                                                                                                                                                               | □ No                                                                                                                                                                                                                             |
|             | t 3: Sign Below                                                                                                                                                                                                            | r intention about any property of my estate that secures a debt and any personal                                                                                                                                                 |
| rop         | perty that is subject to an unexpired lease.                                                                                                                                                                               | michilon about any property of my estate that secures a debt and any personal                                                                                                                                                    |
| X           | /s/ Balgobin Rattan Balgobin Rattan Signature of Debtor 1                                                                                                                                                                  | Signature of Debtor 2                                                                                                                                                                                                            |
|             | Date December 4, 2019                                                                                                                                                                                                      | Date                                                                                                                                                                                                                             |

Official Form 108

| Fill in this information to identify your case: |                                 |                                    |
|-------------------------------------------------|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|                                                 | Chapter 7                       |                                    |
|                                                 | ☐ Chapter 11                    |                                    |
|                                                 | ☐ Chapter 12                    |                                    |
|                                                 | ☐ Chapter 13                    | Check if this is an amended filing |

### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself                                                                                                           |                                                     |                                               |
|-----|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
|     |                                                                                                                                  | About Debtor 1:                                     | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name                                                                                                                   |                                                     |                                               |
|     | Write the name that is on your government-issued picture identification (for example, your driver's                              | Balgobin First name                                 | First name                                    |
|     | license or passport).                                                                                                            | Middle name                                         | Middle name                                   |
|     | Bring your picture identification to your meet with the trustee.                                                                 | Rattan ing Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you hav used in the last 8 years                                                                                 | е                                                   |                                               |
|     | Include your married or maiden names.                                                                                            |                                                     |                                               |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-4428                                         |                                               |

| Del | btor 1 Rattan, Balgobin                                                                                 |                                                                                                                                                                                           | Case number (if known)                                                                                                                                                                    |  |  |  |
|-----|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|     |                                                                                                         |                                                                                                                                                                                           |                                                                                                                                                                                           |  |  |  |
|     |                                                                                                         | About Debtor 1:                                                                                                                                                                           | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                             |  |  |  |
| 4.  | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.                                                                                                                                              | ☐ I have not used any business name or EINs.                                                                                                                                              |  |  |  |
|     | Include trade names and doing business as names                                                         | Business name(s)                                                                                                                                                                          | Business name(s)                                                                                                                                                                          |  |  |  |
|     |                                                                                                         | EINs                                                                                                                                                                                      | EINs                                                                                                                                                                                      |  |  |  |
| 5.  | Where you live                                                                                          | 503 Hegeman Ave                                                                                                                                                                           | If Debtor 2 lives at a different address:                                                                                                                                                 |  |  |  |
|     |                                                                                                         | Number, Street, City, State & ZIP Code                                                                                                                                                    | Number, Street, City, State & ZIP Code                                                                                                                                                    |  |  |  |
|     |                                                                                                         | Kings<br>County                                                                                                                                                                           | County                                                                                                                                                                                    |  |  |  |
|     |                                                                                                         | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.                                                |  |  |  |
|     |                                                                                                         | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                          | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                          |  |  |  |
| 6.  | Why you are choosing this district to file for bankruptcy                                               | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |  |
|     |                                                                                                         |                                                                                                                                                                                           |                                                                                                                                                                                           |  |  |  |

| Deb | tor 1                | Rattan, Balgobin                                                                                              |                   |                                             |                                                                                                     | ,                                                                                                                                                         | Case r                                     | number (if known)                                |                                                       |  |
|-----|----------------------|---------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------------------------------------------|--|
|     |                      |                                                                                                               |                   |                                             |                                                                                                     |                                                                                                                                                           |                                            |                                                  |                                                       |  |
| Par | t 2:                 | Tell the Court About Y                                                                                        |                   |                                             |                                                                                                     |                                                                                                                                                           |                                            |                                                  |                                                       |  |
| 7.  | Banl                 | chapter of the<br>cruptcy Code you are<br>psing to file under                                                 |                   |                                             |                                                                                                     | f description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form top of page 1 and check the appropriate box. |                                            |                                                  |                                                       |  |
|     | CHOC                 | ising to me under                                                                                             | ■ Chap            | ter 7                                       |                                                                                                     |                                                                                                                                                           |                                            |                                                  |                                                       |  |
|     |                      |                                                                                                               | ☐ Chap            | ter 11                                      |                                                                                                     |                                                                                                                                                           |                                            |                                                  |                                                       |  |
|     |                      |                                                                                                               | ☐ Chap            | ter 12                                      |                                                                                                     |                                                                                                                                                           |                                            |                                                  |                                                       |  |
|     |                      |                                                                                                               | ☐ Chap            | ter 13                                      |                                                                                                     |                                                                                                                                                           |                                            |                                                  |                                                       |  |
| 8.  | How                  | you will pay the fee                                                                                          | ab<br>If y<br>pre | out how you<br>our attorned<br>e-printed ad | y is submitting your payment oldress.                                                               | e paying the<br>on your bel                                                                                                                               | e fee yourself, you<br>nalf, your attorney | may pay with cash, ca<br>may pay with a credit c | shier's check, or money order.<br>ard or check with a |  |
|     |                      |                                                                                                               | — Fill            | ing Fee in li<br>equest tha                 |                                                                                                     | 3A).<br>y request t                                                                                                                                       | nis option only if y                       | ou are filing for Chapter                        | 7. By law, a judge may, but is                        |  |
|     |                      |                                                                                                               | you               | ur family siz                               | o, waive your fee, and may do<br>re and you are unable to pay the<br>Chapter 7 Filing Fee Waived (C | he fee in in                                                                                                                                              | stallments). If you                        | choose this option, you                          |                                                       |  |
| 9.  |                      | you filed for                                                                                                 | □ No.             |                                             |                                                                                                     |                                                                                                                                                           |                                            |                                                  |                                                       |  |
|     | bank<br>8 ye         | ruptcy within the last ars?                                                                                   | ■ Yes.            |                                             |                                                                                                     |                                                                                                                                                           |                                            |                                                  |                                                       |  |
|     | ,                    |                                                                                                               |                   |                                             | Eastern District of                                                                                 |                                                                                                                                                           |                                            |                                                  |                                                       |  |
|     |                      |                                                                                                               |                   | District                                    | New York                                                                                            | When                                                                                                                                                      | 2/06/19                                    | Case number                                      | 19-40719-cec                                          |  |
|     |                      |                                                                                                               |                   | District                                    |                                                                                                     | When                                                                                                                                                      |                                            | Case number                                      |                                                       |  |
|     |                      |                                                                                                               |                   | District                                    |                                                                                                     | When                                                                                                                                                      |                                            | Case number                                      |                                                       |  |
| 10. |                      | any bankruptcy cases                                                                                          | ■ No              |                                             |                                                                                                     |                                                                                                                                                           |                                            |                                                  |                                                       |  |
|     | a sp<br>this<br>a bu | ling or being filed by<br>buse who is not filing<br>case with you, or by<br>siness partner, or by<br>filiate? | ☐ Yes.            |                                             |                                                                                                     |                                                                                                                                                           |                                            |                                                  |                                                       |  |
|     |                      |                                                                                                               |                   | Debtor                                      |                                                                                                     |                                                                                                                                                           |                                            | Relationship to y                                | ou                                                    |  |
|     |                      |                                                                                                               |                   | District                                    |                                                                                                     | When                                                                                                                                                      |                                            | Case number, if                                  | known                                                 |  |
|     |                      |                                                                                                               |                   | Debtor                                      |                                                                                                     |                                                                                                                                                           |                                            | Relationship to y                                | ou                                                    |  |
|     |                      |                                                                                                               |                   | District                                    |                                                                                                     | When                                                                                                                                                      |                                            | Case number, if                                  | known                                                 |  |
| 11. |                      | ou rent your                                                                                                  | ■ No.             | Go to li                                    | ine 12.                                                                                             |                                                                                                                                                           |                                            |                                                  |                                                       |  |
|     | resid                | lence?                                                                                                        | ☐ Yes.            | Has yo                                      | ur landlord obtained an evicti                                                                      | ion judgme                                                                                                                                                | ent against you?                           |                                                  |                                                       |  |
|     |                      |                                                                                                               |                   |                                             | No. Go to line 12.                                                                                  | . •                                                                                                                                                       | - ·                                        |                                                  |                                                       |  |
|     |                      |                                                                                                               |                   |                                             | Yes. Fill out <i>Initial Statement</i> bankruptcy petition.                                         | About an                                                                                                                                                  | Eviction Judgmen                           | t Against You (Form 10                           | 1A) and file it as part of this                       |  |

| Deb                                                                                                                                                                               | tor 1 Rattan, Balgobin                                                                                                                                          |            |                                      |                                      | Case number (if known)                                                                                                                                                                                                                                                  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Part                                                                                                                                                                              | 3: Report About Any Bus                                                                                                                                         | sinassas \ | You Own                              | as a Solo Proprieto                  | ar.                                                                                                                                                                                                                                                                     |  |  |  |  |
|                                                                                                                                                                                   | Are you a sole proprietor of any full- or part-time                                                                                                             | ■ No.      |                                      | Part 4.                              | "                                                                                                                                                                                                                                                                       |  |  |  |  |
|                                                                                                                                                                                   | business?                                                                                                                                                       |            |                                      |                                      |                                                                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                                                                   |                                                                                                                                                                 | ☐ Yes.     | ☐ Yes. Name and location of business |                                      |                                                                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                                                                   | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership,<br>or LLC. |            | Name of business, if any             |                                      |                                                                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                                                                   | If you have more than one sole proprietorship, use a                                                                                                            |            | Numb                                 | er, Street, City, Stat               | e & ZIP Code                                                                                                                                                                                                                                                            |  |  |  |  |
| separate sheet and attach it to this petition. Check the appropriate box to describe your business:                                                                               |                                                                                                                                                                 |            |                                      |                                      | k to describe your business:                                                                                                                                                                                                                                            |  |  |  |  |
|                                                                                                                                                                                   | ·                                                                                                                                                               |            |                                      | Health Care Busin                    | ess (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                                                                   |                                                                                                                                                                 |            |                                      | Single Asset Real                    | Estate (as defined in 11 U.S.C. § 101(51B))                                                                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                                                   |                                                                                                                                                                 |            |                                      | Stockbroker (as de                   | efined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                                                                   |                                                                                                                                                                 |            |                                      | Commodity Broker                     | (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                      |  |  |  |  |
|                                                                                                                                                                                   |                                                                                                                                                                 |            |                                      | None of the above                    |                                                                                                                                                                                                                                                                         |  |  |  |  |
| Chapter 11 of the deadlines. If you indicate that you are a small business of                                                                                                     |                                                                                                                                                                 |            |                                      |                                      | ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure in 11 |  |  |  |  |
|                                                                                                                                                                                   | For a definition of small                                                                                                                                       | ■ No.      | I am r                               | not filing under Chap                | ter 11.                                                                                                                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                                                   | business debtor, see 11 U.S.C. § 101(51D).                                                                                                                      | □ No.      | I am f<br>Code                       |                                      | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy                                                                                                                                                                                  |  |  |  |  |
|                                                                                                                                                                                   |                                                                                                                                                                 | ☐ Yes.     | I am f                               | iling under Chapter                  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.                                                                                                                                                                                 |  |  |  |  |
| Part                                                                                                                                                                              | Report if You Own or                                                                                                                                            | Have Any   | Hazardo                              | us Property or Any                   | Property That Needs Immediate Attention                                                                                                                                                                                                                                 |  |  |  |  |
| 14.                                                                                                                                                                               | Do you own or have any                                                                                                                                          | ■ No.      |                                      |                                      |                                                                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                                                                   | property that poses or is<br>alleged to pose a threat of<br>imminent and identifiable<br>hazard to public health or                                             | ☐ Yes.     | What is                              | the hazard?                          |                                                                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                                                                   | safety? Or do you own<br>any property that needs<br>immediate attention?                                                                                        |            |                                      | liate attention is why is it needed? |                                                                                                                                                                                                                                                                         |  |  |  |  |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  Where is the property?  Number, Street, City, State & Zip Code |                                                                                                                                                                 |            |                                      |                                      |                                                                                                                                                                                                                                                                         |  |  |  |  |

Debtor 1 Rattan, Balgobin Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a ☐ I received a briefing from an approved credit I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you receive a briefing about Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, if any, if any, that you developed with the agency. that you developed with the agency. credit counseling before you file for bankruptcy. You ☐ I received a briefing from an approved credit I received a briefing from an approved credit must truthfully check one of the following choices. If you counseling agency within the 180 days before I counseling agency within the 180 days before I filed filed this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a certificate cannot do so, you are not certificate of completion. of completion. eligible to file. Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you If you file anyway, the court you MUST file a copy of the certificate and payment MUST file a copy of the certificate and payment plan, if any. can dismiss your case, you plan, if any. will lose whatever filing fee you paid, and your creditors I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling services can begin collection from an approved agency, but was unable to obtain services from an approved agency, but was activities again. unable to obtain those services during the 7 those services during the 7 days after I made my request, and exigent circumstances merit a 30-day days after I made my request, and exigent temporary waiver of the requirement. circumstances merit a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made to

requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

credit counseling because of:

П Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably

tried to do so. Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb                                                                                                                                                                                                               | tor 1                 | Rattan, Balgobin                                                                                       |                         |                                                                                                                                                                                                                                                                               | Case number (if k                                                                  | nown)                                                             |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|--|--|
| Part                                                                                                                                                                                                              | t 6:                  | Answer These Questic                                                                                   | ons for Repo            | orting Purposes                                                                                                                                                                                                                                                               |                                                                                    |                                                                   |  |  |  |  |
| 16. What kind of debts do you have?  16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurr individual primarily for a personal, family, or household purpose." |                       |                                                                                                        |                         |                                                                                                                                                                                                                                                                               |                                                                                    |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        |                         | No. Go to line 16b.                                                                                                                                                                                                                                                           |                                                                                    |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        |                         | Yes. Go to line 17.                                                                                                                                                                                                                                                           |                                                                                    |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        |                         | Are your debts primarily business debts? Business debts are debts that you incurred to obtain mo for a business or investment or through the operation of the business or investment.                                                                                         |                                                                                    |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        |                         | No. Go to line 16c.                                                                                                                                                                                                                                                           |                                                                                    |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        |                         | ☐ Yes. Go to line 17.                                                                                                                                                                                                                                                         |                                                                                    |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        | 16c. S                  | tate the type of debts you owe that                                                                                                                                                                                                                                           | t are not consumer debts or business debts                                         | \$<br>                                                            |  |  |  |  |
| 17.                                                                                                                                                                                                               |                       | you filing under<br>oter 7?                                                                            | □ No. I                 | am not filing under Chapter 7. Go                                                                                                                                                                                                                                             | to line 18.                                                                        |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   | any                   | ou estimate that after<br>exempt property is<br>uded and                                               |                         | am filing under Chapter 7. Do you<br>aid that funds will be available to d                                                                                                                                                                                                    | estimate that after any exempt property is estimate to unsecured creditors?        | excluded and administrative expenses are                          |  |  |  |  |
|                                                                                                                                                                                                                   |                       | administrative expenses are paid that funds will be available for distribution to unsecured creditors? |                         | No                                                                                                                                                                                                                                                                            |                                                                                    |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   | avai                  |                                                                                                        | С                       | □ Yes                                                                                                                                                                                                                                                                         |                                                                                    |                                                                   |  |  |  |  |
| 18.                                                                                                                                                                                                               | How many Creditors do | <b>1</b> -49                                                                                           |                         | □ 1,000-5,000                                                                                                                                                                                                                                                                 | ☐ 25,001-50,000                                                                    |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   | you<br>owe            | estimate that you<br>?                                                                                 | □ 50-99                 |                                                                                                                                                                                                                                                                               | 5001-10,000                                                                        | 50,001-100,000                                                    |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        | ☐ 100-199<br>☐ 200-999  |                                                                                                                                                                                                                                                                               |                                                                                    |                                                                   |  |  |  |  |
| 19.                                                                                                                                                                                                               | How                   | much do you                                                                                            | □ \$0 - \$50            | ,000                                                                                                                                                                                                                                                                          | ☐ \$1,000,001 - \$10 million                                                       | ☐ \$500,000,001 - \$1 billion                                     |  |  |  |  |
|                                                                                                                                                                                                                   |                       | nate your assets to orth?                                                                              | \$50,001                |                                                                                                                                                                                                                                                                               | □ \$10,000,001 - \$50 million                                                      | □ \$1,000,000,001 - \$10 billion                                  |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        |                         | 1 - \$500,000<br>1 - \$1 million                                                                                                                                                                                                                                              | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                  | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion        |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        | \$300,00                | 1 - \$1 million                                                                                                                                                                                                                                                               |                                                                                    |                                                                   |  |  |  |  |
| 20.                                                                                                                                                                                                               |                       | much do you<br>nate your liabilities to                                                                | □ \$0 - \$50            |                                                                                                                                                                                                                                                                               | ■ \$1,000,001 - \$10 million                                                       | □ \$500,000,001 - \$1 billion                                     |  |  |  |  |
|                                                                                                                                                                                                                   | be?                   | nate your nabilities to                                                                                |                         | - \$100,000<br>1 - \$500,000                                                                                                                                                                                                                                                  | □ \$10,000,001 - \$50 million                                                      | \$1,000,000,001 - \$10 billion                                    |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        | ` ′                     | 1 - \$500,000<br>1 - \$1 million                                                                                                                                                                                                                                              | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                  | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion         |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        |                         | ·                                                                                                                                                                                                                                                                             | <b>—</b> \$100,000,001 - \$500 Hillion                                             |                                                                   |  |  |  |  |
| Part                                                                                                                                                                                                              | 7:                    | Sign Below                                                                                             |                         |                                                                                                                                                                                                                                                                               |                                                                                    |                                                                   |  |  |  |  |
| For                                                                                                                                                                                                               | you                   |                                                                                                        | I have exam             | ined this petition, and I declare un                                                                                                                                                                                                                                          | der penalty of perjury that the information p                                      | rovided is true and correct.                                      |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        |                         |                                                                                                                                                                                                                                                                               | aware that I may proceed, if eligible, under each chapter, and I choose to proceed | er Chapter 7, 11,12, or 13 of title 11, Uniteded under Chapter 7. |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        |                         | y represents me and I did not pay<br>ed and read the notice required by                                                                                                                                                                                                       | or agree to pay someone who is not an atto<br>11 U.S.C. § 342(b).                  | orney to help me fill out this document, I                        |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        | I request re            | lief in accordance with the chapte                                                                                                                                                                                                                                            | er of title 11, United States Code, specified                                      | I in this petition.                                               |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        | case can re             | derstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankru<br>e can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.<br>Balgobin Rattan |                                                                                    |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        | Balgobin<br>Signature o | Rattan                                                                                                                                                                                                                                                                        | Signature of Debtor 2                                                              |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        | Executed or             | December 4, 2019 MM / DD / YYYY                                                                                                                                                                                                                                               | Executed on                                                                        | D / YYYY                                                          |  |  |  |  |
|                                                                                                                                                                                                                   |                       |                                                                                                        |                         | , 55, 1111                                                                                                                                                                                                                                                                    | IVIIVI / DI                                                                        | -,.,,,                                                            |  |  |  |  |

| Debtor 1 | Rattan, Balgobin                                   |                                                                                                                                                        | Cas                             | e number (if known)                                                                                                                                              |  |  |  |
|----------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|          |                                                    |                                                                                                                                                        |                                 |                                                                                                                                                                  |  |  |  |
|          | attorney, if you are<br>ed by one                  | Chapter 7, 11, 12, or 13 of title 11, United Sta                                                                                                       | ates Code, and have explained t | ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ce required by 11 U.S.C. § 342(b) and, in a case in |  |  |  |
|          | not represented by<br>ey, you do not need<br>page. | which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed wit petition is incorrect. |                                 |                                                                                                                                                                  |  |  |  |
|          |                                                    | /s/ Joseph Balisok                                                                                                                                     | Date                            | December 4, 2019                                                                                                                                                 |  |  |  |
|          |                                                    | Signature of Attorney for Debtor                                                                                                                       |                                 | MM / DD / YYYY                                                                                                                                                   |  |  |  |
|          |                                                    | Joseph Balisok                                                                                                                                         |                                 |                                                                                                                                                                  |  |  |  |
|          |                                                    | Printed name                                                                                                                                           |                                 | _                                                                                                                                                                |  |  |  |
|          |                                                    | Balisok & Kaufman PLLC                                                                                                                                 |                                 |                                                                                                                                                                  |  |  |  |
|          |                                                    | Firm name                                                                                                                                              |                                 | <del>-</del>                                                                                                                                                     |  |  |  |
|          |                                                    | 251 Troy Ave                                                                                                                                           |                                 |                                                                                                                                                                  |  |  |  |
|          |                                                    | Brooklyn, NY 11213-3601                                                                                                                                |                                 |                                                                                                                                                                  |  |  |  |
|          |                                                    | Number, Street, City, State & ZIP Code                                                                                                                 |                                 | _                                                                                                                                                                |  |  |  |
|          |                                                    | Contact phone (718) 928-9607                                                                                                                           | Email address                   | joseph@lawbalisok.com                                                                                                                                            |  |  |  |
|          |                                                    | 4837159                                                                                                                                                |                                 |                                                                                                                                                                  |  |  |  |
|          |                                                    | Bar number & State                                                                                                                                     |                                 |                                                                                                                                                                  |  |  |  |

| Fill in t                       | his information to i                           | dentify your case      | and th    | nis filina:                                   |                                                                                     |                                               |          |                     |
|---------------------------------|------------------------------------------------|------------------------|-----------|-----------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|----------|---------------------|
| Debtor 1                        | Balgobin Ra                                    |                        | and th    | ns ming.                                      |                                                                                     |                                               |          |                     |
| Debtor 1                        | First Name                                     |                        | Name      | La                                            | st Name                                                                             |                                               |          |                     |
| Debtor 2<br>(Spouse, if filing) | First Name                                     | Middle                 | Name      | La                                            | st Name                                                                             |                                               |          |                     |
| United States B                 | ankruptcy Court for                            | the: EASTERN           | DISTRI    | ICT OF NEW YOR                                | K, BROOKLYN DIVISIO                                                                 | N                                             |          |                     |
| Case number                     |                                                |                        |           |                                               |                                                                                     |                                               |          | Check if this is an |
| Case Harriser                   |                                                |                        |           |                                               |                                                                                     |                                               | Ц        | amended filing      |
|                                 |                                                |                        |           |                                               |                                                                                     |                                               |          |                     |
| Official Fo                     | orm 106A/B                                     | <br> -                 |           |                                               |                                                                                     |                                               |          |                     |
| Schedu                          | le A/B: Pi                                     | roperty                |           |                                               |                                                                                     |                                               |          | 12/15               |
| think it fits best.             | Be as complete and a<br>pre space is needed, a | ccurate as possible    | . If two  | married people are                            | set fits in more than one of filing together, both are end of any additional pages, | qually responsible for                        | supplyi  | ng correct          |
| Part 1: Describ                 | e Each Residence, Bu                           | uilding, Land, or Oth  | er Real   | Estate You Own or                             | Have an Interest In                                                                 |                                               |          |                     |
| 1. Do you own or                | have any legal or eq                           | uitable interest in ar | ny reside | ence, building, land                          | I, or similar property?                                                             |                                               |          |                     |
| ☐ No. Go to Pa                  | art 2.                                         |                        |           |                                               |                                                                                     |                                               |          |                     |
| Yes. Where                      | e is the property?                             |                        |           |                                               |                                                                                     |                                               |          |                     |
|                                 |                                                |                        |           |                                               |                                                                                     |                                               |          |                     |
| 1.1                             |                                                |                        | What      | t is the property? C                          | heck all that apply                                                                 |                                               |          |                     |
| 1.1                             |                                                |                        | П         | Single-family home                            |                                                                                     | Do not deduct secured                         | d claims | or exemptions. Put  |
| •                               | eman Ave<br>s, if available, or other des      | crintion               |           | Duplex or multi-un                            |                                                                                     | the amount of any sec<br>Creditors Who Have C | ured cla | ims on Schedule D:  |
| Street addres                   | s, ii avaliable, oi other des                  | СПРПОП                 |           | Condominium or c                              | cooperative                                                                         |                                               |          |                     |
|                                 |                                                |                        |           | Manufactured or m                             | nobile home                                                                         | Current value of the                          | C        | urrent value of the |
| Brooklyı                        |                                                | 11207-6807             |           | Land                                          |                                                                                     | entire property?                              | po       | ortion you own?     |
| City                            | State                                          | ZIP Code               |           |                                               | ty                                                                                  | \$750,000.00                                  |          | \$750,000.00        |
|                                 |                                                |                        |           |                                               |                                                                                     | Describe the nature (<br>such as fee simple,  |          |                     |
|                                 |                                                |                        |           |                                               | he property? Check one                                                              | a life estate), if know<br>Fee Simple         | n.       |                     |
| Kings                           |                                                |                        |           | Debtor 1 only Debtor 2 only                   |                                                                                     | 1 ee Simple                                   |          |                     |
| County                          |                                                |                        |           |                                               | tor 2 only                                                                          | ☐ Check if this is o                          | commu    | nity property       |
|                                 |                                                |                        |           |                                               | debtors and another                                                                 | (see instructions)                            | ,ommu    | nty property        |
|                                 |                                                |                        |           | er information you w<br>erty identification n | vish to add about this iten<br>number:                                              | n, such as local                              |          |                     |
|                                 |                                                |                        |           |                                               |                                                                                     |                                               |          |                     |
|                                 |                                                |                        |           |                                               |                                                                                     |                                               |          |                     |
| 2. Add the do                   | llar value of the po                           | rtion vou own for      | all of v  | our entries from                              | Part 1, including any e                                                             | ntries for pages                              |          |                     |
|                                 |                                                |                        |           |                                               |                                                                                     |                                               |          | \$750,000.00        |
|                                 |                                                |                        |           |                                               |                                                                                     |                                               |          |                     |
| Part 2: Describ                 | e Your Vehicles                                |                        |           |                                               |                                                                                     |                                               |          |                     |
|                                 |                                                |                        |           |                                               | ner they are registered<br>ry Contracts and Unexpi                                  |                                               | ehicles  | you own that        |
| 3. Cars, vans, t                | rucks, tractors, sp                            | ort utility vehicles   | , moto    | rcycles                                       |                                                                                     |                                               |          |                     |
| ■ No                            |                                                |                        |           |                                               |                                                                                     |                                               |          |                     |
| ☐ Yes                           |                                                |                        |           |                                               |                                                                                     |                                               |          |                     |

| De          | ebtor 1             | Rattan, Balgobin                                                                                                         | Case number (if known)                                        |                                                                                   |
|-------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
|             |                     | aft, aircraft, motor homes, ATVs and other recreationals: Boats, trailers, motors, personal watercraft, fishing vesses   |                                                               |                                                                                   |
| ı           | No                  |                                                                                                                          |                                                               |                                                                                   |
|             | □ Yes               |                                                                                                                          |                                                               |                                                                                   |
|             |                     | e dollar value of the portion you own for all of your entry attached for Part 2. Write that number here                  |                                                               | \$0.00                                                                            |
| Pa          | rt 3: Des           | scribe Your Personal and Household Items                                                                                 |                                                               |                                                                                   |
|             |                     | n or have any legal or equitable interest in any of the                                                                  | following items?                                              | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. <b>I</b> |                     | old goods and furnishings es: Major appliances, furniture, linens, china, kitchenware                                    |                                                               |                                                                                   |
|             | ☐ Yes.              | Describe                                                                                                                 |                                                               |                                                                                   |
|             | Electron<br>Example | es: Televisions and radios; audio, video, stereo, and digital including cell phones, cameras, media players, game        |                                                               | ons; electronic devices                                                           |
|             | ☐ Yes.              | Describe                                                                                                                 |                                                               |                                                                                   |
|             |                     | oles of value<br>es: Antiques and figurines; paintings, prints, or other artwo<br>collections, memorabilia, collectibles | rk; books, pictures, or other art objects; stamp, coin, or ba | aseball card collections; other                                                   |
|             | ■ No                |                                                                                                                          |                                                               |                                                                                   |
|             | ☐ Yes.              | Describe                                                                                                                 |                                                               |                                                                                   |
|             | Example<br>_        | ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipm instruments                        | nent; bicycles, pool tables, golf clubs, skis; canoes and ka  | ayaks; carpentry tools; musical                                                   |
|             | ■ No<br>□ Yes       | Describe                                                                                                                 |                                                               |                                                                                   |
|             |                     |                                                                                                                          |                                                               |                                                                                   |
|             | ■ No                | ns  olles: Pistols, rifles, shotguns, ammunition, and related equ  Describe                                              | uipment                                                       |                                                                                   |
|             |                     |                                                                                                                          |                                                               |                                                                                   |
| 11.         | Clothes Examp  ■ No | s oles: Everyday clothes, furs, leather coats, designer wear, s                                                          | shoes, accessories                                            |                                                                                   |
|             | ☐ Yes.              | Describe                                                                                                                 |                                                               |                                                                                   |
|             | ■ No                | /  ples: Everyday jewelry, costume jewelry, engagement rings,  Describe                                                  | wedding rings, heirloom jewelry, watches, gems, gold, si      | lver                                                                              |
|             |                     |                                                                                                                          |                                                               |                                                                                   |
|             | Examp<br>■ No       | rm animals<br>oles: Dogs, cats, birds, horses                                                                            |                                                               |                                                                                   |
|             | ☐ Yes.              | Describe                                                                                                                 |                                                               |                                                                                   |
|             | Any oth<br>■ No     | ner personal and household items you did not already                                                                     | list, including any health aids you did not list              |                                                                                   |
|             | ☐ Yes.              | Give specific information                                                                                                |                                                               |                                                                                   |

| De  | btor 1                    | Rattan, Balgobin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Case number (if known)                                                                                  |                                                                                   |
|-----|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 15  |                           | ne dollar value of all of your entries from Part 3, in . Write that number here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cluding any entries for pages you have attached for                                                     | \$0.00                                                                            |
| Pa  | rt 4: Des                 | scribe Your Financial Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                   |
|     |                           | n or have any legal or equitable interest in any of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the following?                                                                                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | ■ No                      | les: Money you have in your wallet, in your home, in a s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | afe deposit box, and on hand when you file your petition                                                |                                                                                   |
| 17. |                           | s of money les: Checking, savings, or other financial accounts; cer institutions. If you have multiple accounts with the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rtificates of deposit; shares in credit unions, brokerage hous e same institution, list each.           | es, and other similar                                                             |
|     | ☐ Yes                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Institution name:                                                                                       |                                                                                   |
| 18. |                           | mutual funds, or publicly traded stocks<br>les: Bond funds, investment accounts with brokerage fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | irms, money market accounts                                                                             |                                                                                   |
|     | ☐ Yes                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                   |
| 19. | Non-pul                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nd unincorporated businesses, including an interest in                                                  | an LLC, partnership, and                                                          |
|     | ■ No                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                   |
|     | ⊔ Yes.                    | Give specific information about them  Name of entity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | % of ownership:                                                                                         |                                                                                   |
|     | Negotia<br>Non-ne<br>■ No | ment and corporate bonds and other negotiable and ble instruments include personal checks, cashiers' characteristic instruments are those you cannot transfer to see the contract of the contr | ecks, promissory notes, and money orders.                                                               |                                                                                   |
|     | ☐ Yes. (                  | Give specific information about them                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                                                   |
|     |                           | Issuer name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                   |
| 21. |                           | ent or pension accounts les: Interests in IRA, ERISA, Keogh, 401(k), 403(b), tl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hrift savings accounts, or other pension or profit-sharing pl                                           | ans                                                                               |
|     | ☐ Yes. L                  | ist each account separately.  Type of account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Institution name:                                                                                       |                                                                                   |
|     | Your sh                   | y deposits and prepayments hare of all unused deposits you have made so that you have ma | may continue service or use from a company lities (electric, gas, water), telecommunications companies, | or others                                                                         |
|     |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Institution name or individual:                                                                         |                                                                                   |
|     | Annuitie ■ No             | es (A contract for a periodic payment of money to you,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | either for life or for a number of years)                                                               |                                                                                   |
|     | ☐ Yes                     | Issuer name and description.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                   |
|     |                           | in an education IRA, in an account in a qualified acc. §§ 530(b)(1), 529A(b), and 529(b)(1).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ABLE program, or under a qualified state tuition progra                                                 | am.                                                                               |
|     | ☐ Yes                     | Institution name and description. Separa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ately file the records of any interests.11 U.S.C. § 521(c):                                             |                                                                                   |
|     | Trusts,<br>■ No           | equitable or future interests in property (other tha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | n anything listed in line 1), and rights or powers exerc                                                | sable for your benefit                                                            |

☐ Yes. Give specific information about them...

| Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  Noney or property owed to you?  Current value of the portion you own? Do not deduct accured claims or exemptions.  28. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  Pamily support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information  30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information  1. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No Yes. Name the insurance company of each policy and list its value. Company name:  Beneficiary.  Surrender or refund value:  Any Interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information  3. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim | De  | ebtor 1         | Rattan, Balgobin                                                                   | Case number (if known)                  |                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------|------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------|
| 27. Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  No   Yes. Give specific information about them  Money or property owed to you?  Current value of the portion you own?  Do not debut secured claims or exemptions.  28. Tax refunds owed to you  No   Yes. Give specific information about them, including whether you already filed the returns and the tax years  29. Family support  Examples: Post due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  No   Yes. Give specific information  30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation. Social Security benefits;  No   Yes. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Example No      | es: Internet domain names, websites, proceeds from royalties and licensing agr     | reements                                |                                                   |
| Examples: Building permits, exclusive licenses, cooperative association holdings, fiquor licenses, professional licenses  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | ☐ Yes. (        | Give specific information about them                                               |                                         |                                                   |
| Don't deach secured claims or exemptions.  28. Tax refunds owed to you  No  Yes. Give specific information about them, including whether you already filed the returns and the tax years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Example ■ No    | es: Building permits, exclusive licenses, cooperative association holdings, liquo  | r licenses, professional licenses       |                                                   |
| Don't deach secured claims or exemptions.  28. Tax refunds owed to you  No  Yes. Give specific information about them, including whether you already filed the returns and the tax years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                 | ·                                                                                  |                                         | Current value of the                              |
| No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | oney or p       | roperty owed to you:                                                               |                                         | <pre>portion you own? Do not deduct secured</pre> |
| 29. Family support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | ■ No            | •                                                                                  |                                         |                                                   |
| Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement    No   Yes. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | ☐ Yes. G        | Give specific information about them, including whether you already filed the retu | urns and the tax years                  |                                                   |
| 30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  No  Yes. Give specific information  Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No  Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refund value:  Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No  Yes. Give specific information  Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No  Yes. Describe each claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | Example ■ No    | es: Past due or lump sum alimony, spousal support, child support, maintenar        | nce, divorce settlement, property se    | ettlement                                         |
| Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  No Yes. Give specific information  1. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value:  2. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No Yes. Give specific information  3. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No Yes. Describe each claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | ☐ Yes. G        | Sive specific information                                                          |                                         |                                                   |
| Yes. Give specific information  31. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No  Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refund value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No  Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No  No  Yes. Describe each claim  34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims  No  Yes. Describe each claim  35. Any financial assets you did not already list  No  Yes. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 30. |                 | es: Unpaid wages, disability insurance payments, disability benefits, sick pay, v  | racation pay, workers' compensation     | on, Social Security benefits;                     |
| Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No  Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refund value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No  Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue  No  Yes. Describe each claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | _               | Give specific information                                                          |                                         |                                                   |
| Yes. Name the insurance company of each policy and list its value.   Company name: Beneficiary: Surrender or refund value:   Surrender or refund value:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 31. |                 |                                                                                    | meowner's, or renter's insurance        |                                                   |
| Company name:  Beneficiary:  Surrender or refund value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No  Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No  Yes. Describe each claim  34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims  No  Yes. Describe each claim  35. Any financial assets you did not already list  No  Yes. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                 | lame the incurrence company of each policy and list its value                      |                                         |                                                   |
| If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim  34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | □ Yes. N        |                                                                                    | Beneficiary:                            |                                                   |
| <ul> <li>Yes. Give specific information</li> <li>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment <i>Examples</i>: Accidents, employment disputes, insurance claims, or rights to sue</li> <li>■ No</li> <li>□ Yes. Describe each claim</li> <li>34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims</li> <li>■ No</li> <li>□ Yes. Describe each claim</li> <li>35. Any financial assets you did not already list</li> <li>■ No</li> <li>□ Yes. Give specific information</li> <li>36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | If you ar died. |                                                                                    | or are currently entitled to receive pr | roperty because someone has                       |
| Examples: Accidents, employment disputes, insurance claims, or rights to sue  No Yes. Describe each claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | _               | Give specific information                                                          |                                         |                                                   |
| <ul> <li>Yes. Describe each claim</li> <li>34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims</li> <li>No</li> <li>Yes. Describe each claim</li> <li>35. Any financial assets you did not already list</li> <li>No</li> <li>Yes. Give specific information</li> <li>36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | _Example        |                                                                                    | emand for payment                       |                                                   |
| No □ Yes. Describe each claim  35. Any financial assets you did not already list ■ No □ Yes. Give specific information  36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                 | Describe each claim                                                                |                                         |                                                   |
| 35. Any financial assets you did not already list  No Yes. Give specific information  36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 34. | _               | ontingent and unliquidated claims of every nature, including counterclain          | ms of the debtor and rights to se       | et off claims                                     |
| ■ No □ Yes. Give specific information  36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | _               | Describe each claim                                                                |                                         |                                                   |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | _ `             | nncial assets you did not already list                                             |                                         |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | ☐ Yes. (        | Give specific information                                                          |                                         |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 36  |                 |                                                                                    |                                         | \$0.00                                            |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Official Form 106A/B Schedule A/B: Property page 4

| Debtor          | 1 Rattan, Balgobin                                                                                                              |                        | Case number (if known)       |              |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|--------------|
| 37. <b>Do y</b> | ou own or have any legal or equitable interest in any business-related                                                          | property?              |                              |              |
| ■ No            | . Go to Part 6.                                                                                                                 |                        |                              |              |
| ☐ Ye            | s. Go to line 38.                                                                                                               |                        |                              |              |
| Part 6:         | Describe Any Farm- and Commercial Fishing-Related Property You O If you own or have an interest in farmland, list it in Part 1. | own or Have an Interes | t In.                        |              |
| 46. <b>Do</b> : | you own or have any legal or equitable interest in any farm- or                                                                 | commercial fishing     | -related property?           |              |
|                 | No. Go to Part 7.                                                                                                               |                        |                              |              |
|                 | Yes. Go to line 47.                                                                                                             |                        |                              |              |
| Part 7:         | Describe All Property You Own or Have an Interest in That You                                                                   | Did Not List Above     |                              |              |
|                 | you have other property of any kind you did not already list?  amples: Season tickets, country club membership                  |                        |                              |              |
| ΠY              | es. Give specific information                                                                                                   |                        |                              |              |
| 54. <b>A</b>    | dd the dollar value of all of your entries from Part 7. Write that                                                              | number here            |                              | \$0.00       |
| Part 8:         | List the Totals of Each Part of this Form                                                                                       |                        |                              |              |
| 55. <b>P</b> a  | art 1: Total real estate, line 2                                                                                                |                        |                              | \$750,000.00 |
| 56. <b>P</b> a  | art 2: Total vehicles, line 5                                                                                                   | \$0.00                 |                              |              |
| 57. <b>P</b> a  | art 3: Total personal and household items, line 15                                                                              | \$0.00                 |                              |              |
| 58. <b>P</b> a  | art 4: Total financial assets, line 36                                                                                          | \$0.00                 |                              |              |
| 59. <b>P</b> a  | art 5: Total business-related property, line 45                                                                                 | \$0.00                 |                              |              |
| 60. <b>P</b> a  | art 6: Total farm- and fishing-related property, line 52                                                                        | \$0.00                 |                              |              |
| 61. <b>P</b> a  | art 7: Total other property not listed, line 54 +                                                                               | \$0.00                 |                              |              |
| 62. <b>T</b> o  | otal personal property. Add lines 56 through 61                                                                                 | \$0.00                 | Copy personal property total | \$0.00       |
| 63. <b>T</b> o  | otal of all property on Schedule A/B. Add line 55 + line 62                                                                     |                        |                              | \$750,000.00 |

|                                   |                                                                                       |                                                                                                                           |                                                                                                                                |                                                                                                                                                                                                                            | •                                         |                                                                            |
|-----------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|
|                                   | Fill in thi                                                                           | s information to identify                                                                                                 | your case:                                                                                                                     |                                                                                                                                                                                                                            |                                           |                                                                            |
| Del                               | btor 1                                                                                | Balgobin Rattan First Name                                                                                                | Middle Name                                                                                                                    | Last Name                                                                                                                                                                                                                  |                                           |                                                                            |
| Del                               | btor 2                                                                                | i iist ivairie                                                                                                            | Middle Name                                                                                                                    | Last Name                                                                                                                                                                                                                  |                                           |                                                                            |
| (Spo                              | ouse if, filing)                                                                      | First Name                                                                                                                | Middle Name                                                                                                                    | Last Name                                                                                                                                                                                                                  |                                           |                                                                            |
| Uni                               | ited States Ba                                                                        | nkruptcy Court for the:                                                                                                   | EASTERN DISTRICT OF NE                                                                                                         | EW YORK, BROOKLYN DIVISION                                                                                                                                                                                                 |                                           |                                                                            |
| Cas                               | se number                                                                             |                                                                                                                           |                                                                                                                                |                                                                                                                                                                                                                            |                                           |                                                                            |
| (if kr                            | nown)                                                                                 |                                                                                                                           |                                                                                                                                |                                                                                                                                                                                                                            |                                           | Check if this is an                                                        |
|                                   |                                                                                       |                                                                                                                           |                                                                                                                                |                                                                                                                                                                                                                            | J                                         | amended filing                                                             |
| Of                                | ficial Fo                                                                             | <u>rm 106C</u>                                                                                                            |                                                                                                                                |                                                                                                                                                                                                                            |                                           |                                                                            |
| Sc                                | chedul                                                                                | e C: The Pro                                                                                                              | perty You Cla                                                                                                                  | im as Exempt                                                                                                                                                                                                               |                                           | 4/19                                                                       |
| orop<br>out a                     | erty you listed                                                                       | on Schedule A/B: Proper                                                                                                   | rty(Official Form 106A/B) as yo                                                                                                | gether, both are equally responsible for sup<br>our source, list the property that you claim as<br>ecessary. On the top of any additional pages                                                                            | exempt. If                                | more space is needed, fill                                                 |
| spe<br>app<br>func<br>to a<br>app | cific dollar an<br>licable statute<br>ds—may be u<br>particular do<br>licable statute | nount as exempt. Altern<br>ory limit. Some exempti<br>inlimited in dollar amou<br>illar amount and the val<br>ory amount. | atively, you may claim the fu<br>ons—such as those for healt<br>nt. However, if you claim and<br>ue of the property is determi | e amount of the exemption you claim. Or<br>Ill fair market value of the property bein<br>th aids, rights to receive certain benefits<br>exemption of 100% of fair market value of<br>ned to exceed that amount, your exemp | g exempted<br>s, and tax-e<br>under a law | I up to the amount of any<br>xempt retirement<br>that limits the exemption |
| Pai                               | rt 1: Identi                                                                          | fy the Property You Clai                                                                                                  | m as Exempt                                                                                                                    |                                                                                                                                                                                                                            |                                           |                                                                            |
| 1.                                | Which set of                                                                          | exemptions are you cla                                                                                                    | niming? Check one only, even                                                                                                   | if your spouse is filing with you.                                                                                                                                                                                         |                                           |                                                                            |
|                                   | You are cla                                                                           | aiming state and federal no                                                                                               | onbankruptcy exemptions. 11                                                                                                    | U.S.C. § 522(b)(3)                                                                                                                                                                                                         |                                           |                                                                            |
|                                   | ☐ You are cla                                                                         | aiming federal exemptions                                                                                                 | . 11 U.S.C. § 522(b)(2)                                                                                                        |                                                                                                                                                                                                                            |                                           |                                                                            |
| 2.                                | For any prop                                                                          | perty you list on Schedu                                                                                                  | ıle A/B that you claim as exe                                                                                                  | mpt, fill in the information below.                                                                                                                                                                                        |                                           |                                                                            |
|                                   |                                                                                       | ion of the property and line that lists this property                                                                     | on Current value of the portion you own                                                                                        | Amount of the exemption you claim                                                                                                                                                                                          | Specific la                               | ws that allow exemption                                                    |
|                                   |                                                                                       |                                                                                                                           | Copy the value from<br>Schedule A/B                                                                                            | Check only one box for each exemption.                                                                                                                                                                                     |                                           |                                                                            |
|                                   | Brief descript<br>Line from Sch                                                       |                                                                                                                           |                                                                                                                                |                                                                                                                                                                                                                            |                                           |                                                                            |
|                                   | Line nom Scr                                                                          | ledule A/B.                                                                                                               |                                                                                                                                | 100% of fair market value, up to any applicable statutory limit                                                                                                                                                            |                                           |                                                                            |
| 3.                                |                                                                                       |                                                                                                                           | aption of more than \$170,350 every 3 years after that for case                                                                | ? es filed on or after the date of adjustment.)                                                                                                                                                                            |                                           |                                                                            |
|                                   |                                                                                       | , , , , ,                                                                                                                 | covered by the exemption within                                                                                                | n 1,215 days before you filed this case?                                                                                                                                                                                   |                                           |                                                                            |
|                                   |                                                                                       |                                                                                                                           |                                                                                                                                |                                                                                                                                                                                                                            |                                           |                                                                            |
|                                   | ш ү                                                                                   | es                                                                                                                        |                                                                                                                                |                                                                                                                                                                                                                            |                                           |                                                                            |

Official Form 106C

| Fill in this infe                                 | umation to ident      | :6                                                                                           |                |                                    |                                        |                   |
|---------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------|----------------|------------------------------------|----------------------------------------|-------------------|
| Fill in this info                                 | rmation to ident      | iry your case:                                                                               |                |                                    |                                        |                   |
|                                                   | algobin Rattar        | Middle Name                                                                                  | Last Name      |                                    |                                        |                   |
| Debtor 2                                          |                       |                                                                                              |                |                                    |                                        |                   |
| (Spouse if, filing) Firs                          | t Name                | Middle Name                                                                                  | Last Name      |                                    |                                        |                   |
| United States Bankrupt                            | cy Court for the:     | EASTERN DISTRICT OF NEW                                                                      | YORK, BRO      | OOKLYN DIVISION                    |                                        |                   |
| Case number                                       |                       |                                                                                              |                |                                    |                                        |                   |
| (if known)                                        |                       |                                                                                              |                |                                    | ☐ Check                                | if this is an     |
|                                                   |                       |                                                                                              |                |                                    | amend                                  | ed filing         |
| Official Form 10                                  | 6D                    |                                                                                              |                |                                    |                                        |                   |
|                                                   |                       | Who Havo Claims                                                                              | Socure         | d by Proporty                      | ı                                      | 42/45             |
| Scriedule D. (                                    | or editors            | Who Have Claims S                                                                            | secure         | d by Property                      |                                        | 12/15             |
|                                                   |                       | f two married people are filing together<br>, number the entries, and attach it to th        |                |                                    |                                        |                   |
| known).                                           | iai i ago, iii ii oat | , number the entires, and attach it to th                                                    |                | and top or any additional p        | agoo, witto your name t                | and dade named (n |
| 1. Do any creditors have o                        | claims secured by     | your property?                                                                               |                |                                    |                                        |                   |
| ☐ No. Check this b                                | ox and submit thi     | s form to the court with your other sch                                                      | nedules. You   | u have nothing else to rep         | ort on this form.                      |                   |
| Yes. Fill in all of t                             | the information be    | elow.                                                                                        |                |                                    |                                        |                   |
| Part 1: List All Secu                             | ured Claims           |                                                                                              |                |                                    |                                        |                   |
|                                                   |                       | nore than one secured claim, list the credi                                                  |                |                                    | Column B                               | Column C          |
|                                                   |                       | a particular claim, list the other creditors i<br>al order according to the creditor 's name |                | Amount of claim  Do not deduct the | Value of collateral that supports this | Unsecured portion |
|                                                   |                       |                                                                                              |                | value of collateral.               | claim                                  | If any            |
| 2.1 Bank of Americ                                | ca                    | Describe the property that secures the 503 Hegeman Ave, Brooklyn                             | 1              | \$305,694.00                       | \$750,000.00                           | \$305,694.00      |
|                                                   |                       | 11207-6807                                                                                   | , 14 1         |                                    |                                        |                   |
| Attn: Bankrupt                                    | •                     | As of the date you file, the claim is: C                                                     | heck all that  |                                    |                                        |                   |
| PO Box 982238                                     | -                     | apply.                                                                                       | neck all that  |                                    |                                        |                   |
| El Paso, TX 79                                    |                       | Contingent                                                                                   |                |                                    |                                        |                   |
| Number, Street, City, S                           | tate & Zip Code       | ☐ Unliquidated ☐ Disputed                                                                    |                |                                    |                                        |                   |
| Who owes the debt? Ch                             | neck one.             | Nature of lien. Check all that apply.                                                        |                |                                    |                                        |                   |
| Debtor 1 only                                     |                       | ☐ An agreement you made (such as m                                                           | ortgage or se  | ecured                             |                                        |                   |
| Debtor 2 only                                     |                       | car loan)                                                                                    |                |                                    |                                        |                   |
| Debtor 1 and Debtor 2                             | only                  | ☐ Statutory lien (such as tax lien, mech                                                     | nanic's lien)  |                                    |                                        |                   |
| At least one of the debt                          |                       | ☐ Judgment lien from a lawsuit                                                               |                |                                    |                                        |                   |
| Check if this claim rel                           | lates to a            | Other (including a right to offset)                                                          |                |                                    |                                        |                   |
| •                                                 |                       |                                                                                              |                |                                    |                                        |                   |
| Date debt was incurred                            | 2009-12               | Last 4 digits of account number                                                              | er <u>7297</u> |                                    |                                        |                   |
| Deutsche Banl                                     | k National            |                                                                                              |                |                                    |                                        |                   |
| 2.2 Trust Company                                 |                       | Describe the property that secures th                                                        | ıe claim:      | \$1,100,000.00                     | \$750,000.00                           | \$350,000.00      |
| Creditor's Name                                   |                       | 503 Hegeman Ave, Brooklyn                                                                    | , NY           |                                    |                                        |                   |
| 045 D. J. A.                                      |                       | 11207-6807                                                                                   |                |                                    |                                        |                   |
| 345 Park Ave<br>New York, NY                      |                       | As of the date you file, the claim is: C                                                     | heck all that  |                                    |                                        |                   |
| 10154-0004                                        |                       | apply.  Contingent                                                                           |                |                                    |                                        |                   |
| Number, Street, City, S                           | tate & Zip Code       | ☐ Unliquidated                                                                               |                |                                    |                                        |                   |
|                                                   |                       | ☐ Disputed                                                                                   |                |                                    |                                        |                   |
| Who owes the debt? Ch                             | neck one.             | Nature of lien. Check all that apply.                                                        |                |                                    |                                        |                   |
| Debtor 1 only                                     |                       | An agreement you made (such as m                                                             | ortgage or se  | ecured                             |                                        |                   |
| Debtor 2 only                                     |                       | car loan)                                                                                    |                |                                    |                                        |                   |
| Debtor 1 and Debtor 2                             | =                     | Statutory lien (such as tax lien, mech                                                       | nanic's lien)  |                                    |                                        |                   |
| At least one of the debt  Check if this claim rel |                       | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset)                          |                |                                    |                                        |                   |
| community debt                                    | iaies iO d            | Other (including a right to offset) _                                                        |                |                                    |                                        |                   |
| Date debt was incurred                            |                       | Last A digite of account number                                                              | or             |                                    |                                        |                   |
| Date dept was incurred                            |                       | Last 4 digits of account number                                                              | 51             |                                    |                                        |                   |

Official Form 106D

| Deptor 1           | Balgobin Ratta                                                                       | n                                                 |                                       | Case number (if known)                                                                                                                                                                                                   |  |
|--------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                    | First Name                                                                           | Middle Name                                       | Last Name                             |                                                                                                                                                                                                                          |  |
| Add the d          | Iollar value of your en                                                              | tries in Column A on th                           | is page. Write that number here:      | \$1,405,694.00                                                                                                                                                                                                           |  |
|                    | he last page of your fo<br>t number here:                                            | orm, add the dollar valu                          | e totals from all pages.              | \$1,405,694.00                                                                                                                                                                                                           |  |
| Part 2:            | List Others to Be N                                                                  | otified for a Debt Tha                            | at You Already Listed                 |                                                                                                                                                                                                                          |  |
| trying to than one | collect from you for a                                                               | debt you owe to someo<br>debts that you listed in | one else, list the creditor in Part 1 | hat you already listed in Part 1. For example, if a collection agency is I, and then list the collection agency here. Similarly, if you have more ors here. If you do not have additional persons to be notified for any |  |
| B:                 | me, Number, Street, Ci<br>ankamerica<br>909 Savarese Cir<br>ampa, FL 33634-2         |                                                   |                                       | On which line in Part 1 did you enter the creditor?                                                                                                                                                                      |  |
| R:<br>90           | ume, Number, Street, Ci<br>as Boriskin, LLC<br>00 Merchants Cor<br>(estbury, NY 1159 | ncourse Ste 300                                   |                                       | On which line in Part 1 did you enter the creditor?  Last 4 digits of account number                                                                                                                                     |  |

| Fill in                                | this information to identify you                                                                                                                                         | r case:                                                              |                     |                                                           |                                           |                                                      |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------|-----------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| Debtor 1                               | Balgobin Rattan                                                                                                                                                          |                                                                      |                     |                                                           |                                           |                                                      |
|                                        | First Name                                                                                                                                                               | Middle Name                                                          | Last Name           |                                                           | }                                         |                                                      |
| Debtor 2<br>(Spouse if, t              | iling) First Name                                                                                                                                                        | Middle Name                                                          | Last Name           |                                                           |                                           |                                                      |
|                                        | -                                                                                                                                                                        |                                                                      |                     | 0.4.5.4.5.4.6.6.4                                         |                                           |                                                      |
| United S                               | tates Bankruptcy Court for the:                                                                                                                                          | EASTERN DISTRICT OF NE                                               | :W YORK, BRC        | OKLYN DIVISION                                            |                                           |                                                      |
| Case nur                               | mber                                                                                                                                                                     |                                                                      |                     |                                                           |                                           |                                                      |
| (if known)                             |                                                                                                                                                                          |                                                                      |                     |                                                           |                                           | check if this is an                                  |
|                                        |                                                                                                                                                                          |                                                                      |                     |                                                           | a                                         | mended filing                                        |
| Officia                                | I Form 106E/F                                                                                                                                                            |                                                                      |                     |                                                           |                                           |                                                      |
|                                        | lule E/F: Creditors W                                                                                                                                                    | ho Have Unsecure                                                     | d Claims            |                                                           |                                           | 12/15                                                |
|                                        | plete and accurate as possible. Use                                                                                                                                      |                                                                      |                     | art 2 for creditors with N                                | ONPRIORITY claim                          |                                                      |
| Schedule (<br>D: Credito<br>the Contin | ory contracts or unexpired leases of<br>3: Executory Contracts and Unexpires Who Have Claims Secured by Pro-<br>uation Page to this page. If you have<br>per (if known). | red Leases (Official Form 106G).<br>operty. If more space is needed, | Do not include a    | nny creditors with partiall<br>u need, fill it out, numbe | y secured claims to<br>the entries in the | hat are listed in Schedule boxes on the left. Attach |
| Part 1:                                | List All of Your PRIORITY Uns                                                                                                                                            | secured Claims                                                       |                     |                                                           |                                           |                                                      |
| 1. Do ar                               | y creditors have priority unsecured                                                                                                                                      | I claims against you?                                                |                     |                                                           |                                           |                                                      |
| ■ No                                   | o. Go to Part 2.                                                                                                                                                         |                                                                      |                     |                                                           |                                           |                                                      |
| ☐ Ye                                   | es.                                                                                                                                                                      |                                                                      |                     |                                                           |                                           |                                                      |
|                                        | _                                                                                                                                                                        |                                                                      |                     |                                                           |                                           |                                                      |
| Part 2:                                | List All of Your NONPRIORITY                                                                                                                                             |                                                                      |                     |                                                           |                                           |                                                      |
| 3. Do ar                               | y creditors have nonpriority unsec                                                                                                                                       | ured claims against you?                                             |                     |                                                           |                                           |                                                      |
|                                        | o. You have nothing to report in this pa                                                                                                                                 | art. Submit this form to the court wit                               | h your other sche   | dules.                                                    |                                           |                                                      |
| ■ Ye                                   | es.                                                                                                                                                                      |                                                                      |                     |                                                           |                                           |                                                      |
| unsec                                  | II of your nonpriority unsecured cla<br>cured claim, list the creditor separately<br>one creditor holds a particular claim, list                                         | for each claim. For each claim liste                                 | ed, identify what t | pe of claim it is. Do not lis                             | t claims already incl                     | uded in Part 1. If more                              |
|                                        |                                                                                                                                                                          |                                                                      |                     |                                                           |                                           | Total claim                                          |
| 4.1                                    | Bank of America                                                                                                                                                          | Last 4 digits of a                                                   | ccount number       | 6070                                                      |                                           | \$11,290.00                                          |
|                                        | lonpriority Creditor's Name                                                                                                                                              |                                                                      | 1.41                |                                                           |                                           |                                                      |
|                                        | 1909 Savarese Cir                                                                                                                                                        | When was the de                                                      | bt incurred?        | 2009-04                                                   |                                           |                                                      |
|                                        | Tampa, FL 33634-2413                                                                                                                                                     |                                                                      |                     |                                                           |                                           |                                                      |
| _                                      | Number Street City State Zip Code                                                                                                                                        | As of the date yo                                                    | u file, the claim   | s: Check all that apply                                   |                                           |                                                      |
| V                                      | Vho incurred the debt? Check one.                                                                                                                                        |                                                                      |                     |                                                           |                                           |                                                      |
| ı                                      | Debtor 1 only                                                                                                                                                            | ☐ Contingent                                                         |                     |                                                           |                                           |                                                      |
| [                                      | Debtor 2 only                                                                                                                                                            | ☐ Unliquidated                                                       |                     |                                                           |                                           |                                                      |
| [                                      | Debtor 1 and Debtor 2 only                                                                                                                                               | ☐ Disputed                                                           |                     |                                                           |                                           |                                                      |
| [                                      | At least one of the debtors and ano                                                                                                                                      | ther Type of NONPRIO                                                 | ORITY unsecure      | d claim:                                                  |                                           |                                                      |
| [                                      | Check if this claim is for a comm                                                                                                                                        | nunity                                                               |                     |                                                           |                                           |                                                      |
|                                        | lebt                                                                                                                                                                     |                                                                      |                     | ration agreement or divorc                                | e that you did not                        |                                                      |
| _                                      | s the claim subject to offset?                                                                                                                                           | report as priority o                                                 |                     |                                                           |                                           |                                                      |
|                                        | No                                                                                                                                                                       | •                                                                    | •                   | g plans, and other similar of                             | debts                                     |                                                      |
| [                                      | ☐Yes                                                                                                                                                                     | Other. Specify                                                       | Revolving           | account                                                   |                                           |                                                      |

| Debtor 1 Rattan, Balgobin |                                                                                                                                                   | Case number (f known)                                                         |                                                       |             |  |  |  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------|-------------|--|--|--|
| 4.2                       | Bank of America                                                                                                                                   | Last 4 digits of account number                                               | 4607                                                  | \$2,828.00  |  |  |  |
|                           | Nonpriority Creditor's Name                                                                                                                       | When was the debt incurred?                                                   | 2013-01                                               |             |  |  |  |
|                           | 4909 Savarese Cir Tampa, FL 33634-2413 Number Street City State Zip Code Who incurred the debt? Check one.                                        | As of the date you file, the claim i                                          |                                                       |             |  |  |  |
|                           | ■ Debtor 1 only □ Debtor 2 only                                                                                                                   | ☐ Contingent☐ Unliquidated                                                    |                                                       |             |  |  |  |
|                           | Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans                     | d claim: ration agreement or divorce that you did not |             |  |  |  |
|                           | ■ No                                                                                                                                              | Debts to pension or profit-sharin                                             | g plans, and other similar debts                      |             |  |  |  |
|                           | Yes                                                                                                                                               | Other. Specify Revolving                                                      | account                                               |             |  |  |  |
| 4.3                       | Barclays Bank Delaware Nonpriority Creditor's Name                                                                                                | Last 4 digits of account number                                               | 2055                                                  | \$16,587.00 |  |  |  |
|                           | Attn: Correspondence<br>PO Box 8801                                                                                                               | When was the debt incurred? 2016-06                                           |                                                       |             |  |  |  |
|                           | Wilmington, DE 19899-8801  Number Street City State Zip Code  Who incurred the debt? Check one.                                                   | As of the date you file, the claim i                                          | s: Check all that apply                               |             |  |  |  |
|                           | ■ Debtor 1 only                                                                                                                                   | ☐ Contingent                                                                  |                                                       |             |  |  |  |
|                           | Debtor 2 only                                                                                                                                     | ☐ Unliquidated                                                                |                                                       |             |  |  |  |
|                           | ☐ Debtor 1 and Debtor 2 only                                                                                                                      | ☐ Disputed                                                                    | •                                                     |             |  |  |  |
|                           | ☐ At least one of the debtors and another                                                                                                         | Type of NONPRIORITY unsecured claim:                                          |                                                       |             |  |  |  |
|                           | ☐ Check if this claim is for a community debt                                                                                                     | ☐ Student loans ☐ Obligations arising out of a sepa                           |                                                       |             |  |  |  |
|                           | Is the claim subject to offset?                                                                                                                   | report as priority claims                                                     |                                                       |             |  |  |  |
|                           | ■ No                                                                                                                                              | Debts to pension or profit-sharin                                             |                                                       |             |  |  |  |
|                           | Yes                                                                                                                                               | ■ Other. Specify Revolving                                                    | account                                               |             |  |  |  |
| 4.4                       | Chase Card Services Nonpriority Creditor's Name                                                                                                   | Last 4 digits of account number                                               | 9819                                                  | \$1,111.00  |  |  |  |
|                           | Attn: Bankruptcy                                                                                                                                  | When was the debt incurred?                                                   | 2008-11                                               |             |  |  |  |
|                           | PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code Who incurred the debt? Check one.                                        | As of the date you file, the claim i                                          | s: Check all that apply                               |             |  |  |  |
|                           | ■ Debtor 1 only                                                                                                                                   | ☐ Contingent                                                                  |                                                       |             |  |  |  |
|                           | Debtor 2 only                                                                                                                                     | ☐ Unliquidated                                                                |                                                       |             |  |  |  |
|                           | Debtor 1 and Debtor 2 only                                                                                                                        | ☐ Disputed                                                                    |                                                       |             |  |  |  |
|                           | ☐ At least one of the debtors and another                                                                                                         | Type of NONPRIORITY unsecured                                                 | d claim:                                              |             |  |  |  |
|                           | ☐ Check if this claim is for a community debt                                                                                                     | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | ration agreement or divorce that you did not          |             |  |  |  |
|                           | Is the claim subject to offset?                                                                                                                   | report as priority claims                                                     |                                                       |             |  |  |  |
|                           | No                                                                                                                                                | Debts to pension or profit-sharin                                             | • •                                                   |             |  |  |  |
|                           | ☐ Yes                                                                                                                                             | ■ Other. Specify Revolving                                                    | account                                               |             |  |  |  |

| Debtor | 1 Rattan, Balgobin                                                                              | Case number (f known)                                                         |                                              |            |  |  |  |
|--------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------|------------|--|--|--|
| 4.5    | Chase Card Services                                                                             | Last 4 digits of account number                                               | 6500                                         | \$518.00   |  |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298                                       | When was the debt incurred?                                                   | 2002-10                                      |            |  |  |  |
|        | Wilmington, DE 19850-5298  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                                          | s: Check all that apply                      |            |  |  |  |
|        | _                                                                                               |                                                                               |                                              |            |  |  |  |
|        | Debtor 1 only                                                                                   | ☐ Contingent                                                                  |                                              |            |  |  |  |
|        | Debtor 2 only                                                                                   | ☐ Unliquidated                                                                |                                              |            |  |  |  |
|        | Debtor 1 and Debtor 2 only                                                                      | ☐ Disputed  Type of NONPRIORITY unsecured                                     | 1 claim                                      |            |  |  |  |
|        | At least one of the debtors and another                                                         | ☐ Student loans                                                               | a ordini.                                    |            |  |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?                   |                                                                               | ration agreement or divorce that you did not |            |  |  |  |
|        | ■ No                                                                                            | Debts to pension or profit-sharin                                             | g plans, and other similar debts             |            |  |  |  |
|        | □Yes                                                                                            | Other Specify Revolving                                                       |                                              |            |  |  |  |
| 4.6    | Citi/Sears                                                                                      | Last 4 digits of account number                                               | 7180                                         | \$40.00    |  |  |  |
|        | Nonpriority Creditor's Name                                                                     |                                                                               |                                              | •          |  |  |  |
|        | Citibank/Centralized Bankruptcy<br>PO Box 790034<br>Saint Louis, MO 63179-0034                  | When was the debt incurred? 1997-10                                           |                                              |            |  |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.                            | As of the date you file, the claim i                                          | s: Check all that apply                      |            |  |  |  |
|        | ■ Debtor 1 only                                                                                 | ☐ Contingent                                                                  |                                              |            |  |  |  |
|        | ☐ Debtor 2 only                                                                                 | ☐ Unliquidated                                                                |                                              |            |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                                                                    | ☐ Disputed                                                                    |                                              |            |  |  |  |
|        | ☐ At least one of the debtors and another                                                       | Type of NONPRIORITY unsecured                                                 |                                              |            |  |  |  |
|        | ☐ Check if this claim is for a community                                                        | ☐ Student loans                                                               |                                              |            |  |  |  |
|        | debt Is the claim subject to offset?                                                            | ☐ Obligations arising out of a sepa report as priority claims                 |                                              |            |  |  |  |
|        | No                                                                                              | ☐ Debts to pension or profit-sharin                                           |                                              |            |  |  |  |
|        | Yes                                                                                             | Other. Specify Revolving                                                      | account                                      |            |  |  |  |
| 4.7    | First National Bank Nonpriority Creditor's Name                                                 | Last 4 digits of account number                                               | 4650                                         | \$3,803.00 |  |  |  |
|        | Attn: Bankruptcy<br>1620 Dodge St # MSC 4440                                                    | When was the debt incurred?                                                   | 2015-05                                      |            |  |  |  |
|        | Omaha, NE 68197-0003  Number Street City State Zip Code  Who incurred the debt? Check one.      | As of the date you file, the claim i                                          |                                              |            |  |  |  |
|        | Debtor 1 only                                                                                   | ☐ Contingent                                                                  |                                              |            |  |  |  |
|        | ☐ Debtor 2 only                                                                                 | ☐ Unliquidated                                                                |                                              |            |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                                                                    | ☐ Disputed                                                                    |                                              |            |  |  |  |
|        | $\square$ At least one of the debtors and another                                               | Type of NONPRIORITY unsecured                                                 | d claim:                                     |            |  |  |  |
|        | ☐ Check if this claim is for a community debt                                                   | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | ration agreement or divorce that you did not |            |  |  |  |
|        | Is the claim subject to offset?                                                                 | report as priority claims                                                     |                                              |            |  |  |  |
|        | No No                                                                                           | Debts to pension or profit-sharin                                             |                                              |            |  |  |  |
|        | ☐ Yes                                                                                           | Other Specify Revolving account                                               |                                              |            |  |  |  |

| Debtor                        | 1 Rattan, Balgobin                                                                                                                                     |                                                                                                                     | Case number (if known)                                                                                                                                 |                         |  |  |  |  |  |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|--|--|--|--|
| 4.8                           | First National Bank of Omaha Nonpriority Creditor's Name                                                                                               | Last 4 digits of account number                                                                                     | 2047                                                                                                                                                   | \$8,217.00              |  |  |  |  |  |
|                               |                                                                                                                                                        | When was the debt incurred?                                                                                         | 2019-05                                                                                                                                                |                         |  |  |  |  |  |
| •                             | Number Street City State Zip Code  Who incurred the debt? Check one.                                                                                   | As of the date you file, the claim                                                                                  | is: Check all that apply                                                                                                                               |                         |  |  |  |  |  |
|                               | ■ Debtor 1 only                                                                                                                                        | ☐ Contingent                                                                                                        |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | Debtor 2 only                                                                                                                                          | ☐ Unliquidated                                                                                                      |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | ☐ Debtor 1 and Debtor 2 only                                                                                                                           | ☐ Disputed                                                                                                          |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | ☐ At least one of the debtors and another                                                                                                              | Type of NONPRIORITY unsecure                                                                                        | ed claim:                                                                                                                                              |                         |  |  |  |  |  |
|                               | ☐ Check if this claim is for a community                                                                                                               | ☐ Student loans                                                                                                     |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | debt Is the claim subject to offset?                                                                                                                   | ☐ Obligations arising out of a sep report as priority claims                                                        | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                              |                         |  |  |  |  |  |
|                               | No                                                                                                                                                     | Debts to pension or profit-shar                                                                                     | ing plans, and other similar debts                                                                                                                     |                         |  |  |  |  |  |
|                               | Yes                                                                                                                                                    | Other. Specify Open acc                                                                                             | ount                                                                                                                                                   |                         |  |  |  |  |  |
| 4.9                           | State Farm Financial S                                                                                                                                 | Last 4 digits of account number                                                                                     | 4060                                                                                                                                                   | \$470.00                |  |  |  |  |  |
|                               | Nonpriority Creditor's Name                                                                                                                            | When was the debt incurred?                                                                                         | 2007-10                                                                                                                                                |                         |  |  |  |  |  |
|                               | 1 State Farm Plz<br>Bloomington, IL 61710-0001<br>Number Street City State Zip Code                                                                    | As of the date you file, the claim                                                                                  |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | Who incurred the debt? Check one.                                                                                                                      |                                                                                                                     |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | ■ Debtor 1 only                                                                                                                                        | ☐ Contingent                                                                                                        |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | ☐ Debtor 2 only                                                                                                                                        | ☐ Unliquidated                                                                                                      |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | ☐ Debtor 1 and Debtor 2 only                                                                                                                           | ☐ Disputed                                                                                                          |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | ☐ At least one of the debtors and another                                                                                                              | Type of NONPRIORITY unsecure                                                                                        | ed claim:                                                                                                                                              |                         |  |  |  |  |  |
|                               | Check if this claim is for a community                                                                                                                 | Student loans                                                                                                       |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | debt Is the claim subject to offset?                                                                                                                   | Obligations arising out of a sep<br>report as priority claims                                                       | paration agreement or divorce that you did not                                                                                                         |                         |  |  |  |  |  |
|                               | ■ No                                                                                                                                                   | ☐ Debts to pension or profit-shar                                                                                   | ing plans, and other similar debts                                                                                                                     |                         |  |  |  |  |  |
|                               | Yes                                                                                                                                                    | Other. Specify Revolving                                                                                            |                                                                                                                                                        |                         |  |  |  |  |  |
| Part 3:                       | List Others to Be Notified About a De                                                                                                                  | ebt That You Already Listed                                                                                         |                                                                                                                                                        |                         |  |  |  |  |  |
| is tryii<br>have r<br>notifie | ng to collect from you for a debt you owe to so<br>nore than one creditor for any of the debts the<br>d for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor in<br>nat you listed in Parts 1 or 2, list the add<br>or submit this page. | you already listed in Parts 1 or 2. For example<br>n Parts 1 or 2, then list the collection agency<br>litional creditors here. If you do not have addi | here. Similarly, if you |  |  |  |  |  |
|                               | nd Address<br>of America                                                                                                                               | On which entry in Part 1 or Part 2 did yo Line <b>4.1</b> of ( <i>Check one</i> ):                                  | u list the original creditor?<br>D Part 1: Creditors with Priority Unsecured Clai                                                                      | me                      |  |  |  |  |  |
|                               | ox 982238                                                                                                                                              |                                                                                                                     | Part 2: Creditors with Nonpriority Unsecured 6                                                                                                         |                         |  |  |  |  |  |
| El Pas                        | so, TX 79998-2238                                                                                                                                      | Last 4 digits of account number                                                                                     |                                                                                                                                                        | Olainio                 |  |  |  |  |  |
|                               |                                                                                                                                                        | Last 4 digits of account number                                                                                     | 6070                                                                                                                                                   |                         |  |  |  |  |  |
|                               | nd Address                                                                                                                                             | On which entry in Part 1 or Part 2 did yo                                                                           |                                                                                                                                                        |                         |  |  |  |  |  |
|                               | of America<br>ox 982238                                                                                                                                |                                                                                                                     | Part 1: Creditors with Priority Unsecured Clair                                                                                                        |                         |  |  |  |  |  |
|                               | so, TX 79998-2238                                                                                                                                      |                                                                                                                     | Part 2: Creditors with Nonpriority Unsecured                                                                                                           | Claims                  |  |  |  |  |  |
|                               |                                                                                                                                                        | Last 4 digits of account number                                                                                     | 4607                                                                                                                                                   |                         |  |  |  |  |  |
|                               | nd Address<br>Nys Bank Delaware                                                                                                                        | On which entry in Part 1 or Part 2 did yo Line 4.3 of (Check one):                                                  | u list the original creditor?  Part 1: Creditors with Priority Unsecured Clair                                                                         | ms                      |  |  |  |  |  |
|                               | ox 8803                                                                                                                                                | 1                                                                                                                   | Part 2: Creditors with Nonpriority Unsecured                                                                                                           | Claims                  |  |  |  |  |  |
| wiimii                        | ngton, DE 19899-8803                                                                                                                                   | Last 4 digits of account number                                                                                     | 2055                                                                                                                                                   |                         |  |  |  |  |  |
| Name ar                       | nd Address                                                                                                                                             | On which entry in Part 1 or Part 2 did yo                                                                           |                                                                                                                                                        |                         |  |  |  |  |  |
| Fnb O                         |                                                                                                                                                        |                                                                                                                     | Part 1: Creditors with Priority Unsecured Clair                                                                                                        |                         |  |  |  |  |  |
|                               | ox 3412<br>a, NE 68103                                                                                                                                 |                                                                                                                     | Part 2: Creditors with Nonpriority Unsecured                                                                                                           | Claims                  |  |  |  |  |  |
| Jillall                       | u, 112 00100                                                                                                                                           | Last 4 digits of account number                                                                                     |                                                                                                                                                        |                         |  |  |  |  |  |

| Debtor 1 Rattan, Balgobin                  |                                                                        | Case number (f known)                                 |  |  |  |  |  |
|--------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------|--|--|--|--|--|
|                                            | 4650                                                                   |                                                       |  |  |  |  |  |
| Name and Address                           | On which entry in Part 1 or Part 2 did you list the original creditor? |                                                       |  |  |  |  |  |
| Jpmcb Card                                 | Line <b>4.4</b> of (Check one):                                        | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |  |
| PO Box 15369<br>Wilmington, DE 19850-5369  |                                                                        | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |  |
| Willington, DE 19630-3369                  | Last 4 digits of account number                                        | 9819                                                  |  |  |  |  |  |
| Name and Address                           | On which entry in Part 1 or Part 2 di                                  | id you list the original creditor?                    |  |  |  |  |  |
| Jpmcb Card                                 | Line 4.5 of (Check one):                                               | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |  |
| PO Box 15369 Wilmington, DE 10950 5360     |                                                                        | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |  |
| Wilmington, DE 19850-5369                  | Last 4 digits of account number                                        | 6500                                                  |  |  |  |  |  |
| Name and Address                           | On which entry in Part 1 or Part 2 did you list the original creditor? |                                                       |  |  |  |  |  |
| Sears/Cbna                                 | Line 4.6 of (Check one):                                               | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |  |
| PO Box 6217<br>Sioux Falls, SD 57117-6217  |                                                                        | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |  |
| 3100X 1 alis, 3D 37 117-0217               | Last 4 digits of account number                                        | 7180                                                  |  |  |  |  |  |
| Name and Address                           | On which entry in Part 1 or Part 2 di                                  | id you list the original creditor?                    |  |  |  |  |  |
| State Farm Bank, F.S.B                     | Line 4.9 of (Check one):                                               | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |  |
| Bloomington, IL 61701                      |                                                                        | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |  |
|                                            | Last 4 digits of account number                                        | 4060                                                  |  |  |  |  |  |
| Name and Address                           | On which entry in Part 1 or Part 2 di                                  | id you list the original creditor?                    |  |  |  |  |  |
| The Bureaus Inc                            | Line <u>4.8</u> of (Check one):                                        | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |  |
| 650 Dundee Rd<br>Northbrook, IL 60062-2747 |                                                                        | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |  |
| 11011115100K, 1L 00002-21-41               | Last 4 digits of account number                                        | 2047                                                  |  |  |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

| Tatal alabas             | 6a. | Domestic support obligations                                                                            | 6a. | \$<br>0.00      |
|--------------------------|-----|---------------------------------------------------------------------------------------------------------|-----|-----------------|
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$<br>0.00      |
|                          | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$<br>0.00      |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|                          | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$<br>0.00      |
|                          |     |                                                                                                         |     | Total Claim     |
|                          | 6f. | Student loans                                                                                           | 6f. | \$<br>0.00      |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|                          | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>44,864.00 |
|                          | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$<br>44,864.00 |

| Fill in th          | Fill in this information to identify your case: |                    |                             |  |  |  |  |
|---------------------|-------------------------------------------------|--------------------|-----------------------------|--|--|--|--|
| Debtor 1            | Balgobin Rattan                                 |                    |                             |  |  |  |  |
|                     | First Name                                      | Middle Name        | Last Name                   |  |  |  |  |
| Debtor 2            |                                                 |                    |                             |  |  |  |  |
| (Spouse if, filing) | First Name                                      | Middle Name        | Last Name                   |  |  |  |  |
| United States Ba    | ankruptcy Court for the:                        | EASTERN DISTRICT O | F NEW YORK, BROOKLYN DIVISI |  |  |  |  |
| Case number         |                                                 |                    |                             |  |  |  |  |
| (if known)          |                                                 |                    |                             |  |  |  |  |
|                     |                                                 |                    |                             |  |  |  |  |

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|    | Person or | r company with<br>Name, Numbe | n whom you have the<br>r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|----|-----------|-------------------------------|-------------------------------------------------------|---------------------|-----------------------------------------|
| .1 |           |                               |                                                       |                     |                                         |
|    | Name      |                               |                                                       |                     | <del>_</del>                            |
|    |           |                               |                                                       |                     |                                         |
|    | Number    | Street                        |                                                       |                     | <u> </u>                                |
|    | Number    | Olleet                        |                                                       |                     |                                         |
|    | City      |                               | State                                                 | ZIP Code            |                                         |
| .2 |           |                               |                                                       |                     |                                         |
|    | Name      |                               |                                                       |                     |                                         |
|    |           |                               |                                                       |                     |                                         |
|    | Number    | Street                        |                                                       |                     | <del></del>                             |
|    |           |                               |                                                       |                     |                                         |
|    | City      |                               | State                                                 | ZIP Code            |                                         |
| .3 |           |                               |                                                       |                     | <u></u>                                 |
|    | Name      |                               |                                                       |                     |                                         |
|    |           |                               |                                                       |                     |                                         |
|    | Number    | Street                        |                                                       |                     | <del>_</del>                            |
|    |           |                               |                                                       |                     | <u></u>                                 |
| _  | City      |                               | State                                                 | ZIP Code            |                                         |
| .4 |           |                               |                                                       |                     | <u> </u>                                |
|    | Name      |                               |                                                       |                     |                                         |
|    |           |                               |                                                       |                     | <u> </u>                                |
|    | Number    | Street                        |                                                       |                     |                                         |
|    | 0''       |                               | 01.1                                                  | 710.0               | <u> </u>                                |
| .5 | City      |                               | State                                                 | ZIP Code            |                                         |
| .5 | Name      |                               |                                                       |                     | <u> </u>                                |
|    | 1401116   |                               |                                                       |                     |                                         |
|    |           |                               |                                                       |                     |                                         |
|    | Number    | Street                        |                                                       |                     |                                         |
|    | City      |                               | State                                                 | ZIP Code            | <del></del>                             |
|    | Oity      |                               | Sidic                                                 | 2.1 Joue            |                                         |

Official Form 106G

| Fill                                       | in this information to identif                                                                  | v vour case:                                                       |                                                     |                                                      |                                                                                                                 |
|--------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Debtor 1                                   | Balgobin Rattan                                                                                 |                                                                    |                                                     |                                                      |                                                                                                                 |
| 200101                                     | First Name                                                                                      | Middle Name                                                        | Last Name                                           |                                                      |                                                                                                                 |
| Debtor 2<br>(Spouse if, filin              | g) First Name                                                                                   | Middle Name                                                        | Last Name                                           |                                                      |                                                                                                                 |
| United Stat                                | es Bankruptcy Court for the:                                                                    | EASTERN DISTRICT C                                                 | F NEW YORK, BROOK                                   | LYN DIVISION                                         |                                                                                                                 |
| Case numb                                  | per                                                                                             |                                                                    |                                                     |                                                      |                                                                                                                 |
| (if known)                                 |                                                                                                 |                                                                    |                                                     |                                                      | Check if this is an amended filing                                                                              |
| Sched                                      | Form 106H ule H: Your Code                                                                      |                                                                    | s vou may have Be as                                | complete and accurate                                | 12/15<br>e as possible. If two married people                                                                   |
| are filing to<br>and number<br>case number | gether, both are equally resp<br>r the entries in the boxes on<br>er (if known). Answer every q | onsible for supplying co<br>the left. Attach the Addit<br>uestion. | rrect information. If mo<br>ional Page to this page | ore space is needed, co<br>. On the top of any Add   | opy the Additional Page, fill it out,<br>ditional Pages, write your name and                                    |
| 1. Do y                                    | you have any codebtors? (If y                                                                   | ou are filing a joint case, d                                      | o not list either spouse as                         | a codebtor.                                          |                                                                                                                 |
| ■ No<br>□ Yes                              |                                                                                                 |                                                                    |                                                     |                                                      |                                                                                                                 |
| Califorr                                   | nin the last 8 years, have you nia, Idaho, Louisiana, Nevada, Go to line 3.                     |                                                                    |                                                     |                                                      | states and territories include Arizona,                                                                         |
| ☐ Yes.                                     | Did your spouse, former spous                                                                   | se, or legal equivalent live v                                     | vith you at the time?                               |                                                      |                                                                                                                 |
| line 2 a                                   | again as a codebtor only if th<br>Schedule E/F (Official Form                                   | at person is a guarantor                                           | or cosigner. Make sure                              | you have listed the c                                | with you. List the person shown in<br>reditor on Schedule D (Official Forr<br>le E/F, or Schedule G to fill out |
|                                            | Column 1: Your codebtor<br>lame, Number, Street, City, State and Z                              | P Code                                                             |                                                     | Column 2: The cre<br>Check all schedule              | editor to whom you owe the debt es that apply:                                                                  |
| _                                          | Name                                                                                            |                                                                    |                                                     | _ ☐ Schedule D, lin☐ Schedule E/F,☐ Schedule G, lin☐ | line                                                                                                            |
|                                            | Number Street<br>City                                                                           | State                                                              | ZIP Code                                            |                                                      |                                                                                                                 |
| 3.2                                        | Name                                                                                            |                                                                    |                                                     | _ ☐ Schedule D, lin☐ Schedule E/F,☐ Schedule G, lir  | line                                                                                                            |
|                                            | Number Street<br>City                                                                           | State                                                              | ZIP Code                                            | _                                                    |                                                                                                                 |

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| Fill        | in this information to identif                                                                     | y your case              | e:                        |                     |                  |        |             |                                           |                      |          |                     |            |
|-------------|----------------------------------------------------------------------------------------------------|--------------------------|---------------------------|---------------------|------------------|--------|-------------|-------------------------------------------|----------------------|----------|---------------------|------------|
| Del         | otor 1 Balge                                                                                       | obin Ratt                | an                        |                     |                  |        |             |                                           |                      |          |                     |            |
|             | otor 2<br>ouse, if filing)                                                                         |                          |                           |                     |                  | _      |             |                                           |                      |          |                     |            |
| Uni         | ted States Bankruptcy Cou                                                                          | rt for the:              | EASTERN DISTRICT O        | OF NEW YORK         | , BROOKLYN       |        |             |                                           |                      |          |                     |            |
|             | se number<br>nown)                                                                                 |                          |                           |                     |                  |        | □ Aı<br>□ A | c if this is: n amende suppleme come as o | ed filing<br>ent sho | owing p  |                     | chapter 13 |
| 0           | fficial Form 106                                                                                   | <u> </u>                 |                           |                     |                  |        |             | M / DD/ Y                                 |                      | _        | ·9                  |            |
| S           | chedule I: You                                                                                     | r Inco                   | me                        |                     |                  |        |             |                                           |                      |          |                     | 12/15      |
| spo<br>atta | plying correct information use. If you are separated a ch a separate sheet to this Describe Emplo  | and your s<br>s form. On | pouse is not filing with  | you, do not in      | clude informa    | ition  | about y     | our spou                                  | se. If               | more s   | space is n          | eeded,     |
| 1.          | Fill in your employment information.                                                               |                          |                           | Debtor 1            |                  |        |             | Debtor 2                                  | or no                | on-filin | ng spouse           |            |
|             | If you have more than one job, attach a separate page with information about additional employers. |                          | Employment status         | ■ Employed          |                  |        |             | □ Empl                                    | •                    |          |                     |            |
|             |                                                                                                    | nal                      | Occupation                | ☐ Not employ        | /ed              |        |             | ☐ Not e                                   | mploy                | ed       |                     |            |
|             | Include part-time, season self-employed work.                                                      | al, or                   | Employer's name           | Unemploye           | d                |        |             |                                           |                      |          |                     |            |
|             | Occupation may include shomemaker, if it applies.                                                  | student or               | Employer's address        |                     |                  |        |             |                                           |                      |          |                     |            |
|             |                                                                                                    |                          | How long employed th      | ere? <u>4 y</u>     | ears             |        |             | _                                         |                      |          |                     |            |
| Par         | t 2: Give Details Ab                                                                               | out Month                | ly Income                 |                     |                  |        |             |                                           |                      |          |                     |            |
|             | mate monthly income as o                                                                           | of the date              | you file this form. If yo | ou have nothing t   | o report for any | / line | , write \$0 | in the spa                                | ace. In              | clude    | your non-fil        | ing spouse |
| •           | u or your non-filing spouse hee, attach a separate sheet to                                        |                          |                           | ine the information | on for all emplo | yers   | for that p  | erson on                                  | the lin              | es belo  | ow. If you n        | eed more   |
|             |                                                                                                    |                          |                           |                     |                  |        | For Deb     | tor 1                                     |                      |          | or 2 or<br>g spouse |            |
| 2.          | List monthly gross wage deductions). If not paid m                                                 |                          |                           |                     | 2.               | \$     |             | 0.00                                      | \$_                  |          | N/A                 | _          |
| 3.          | Estimate and list month                                                                            | ly overtim               | e pay.                    |                     | 3.               | +\$    |             | 0.00                                      | +\$                  |          | N/A                 | _          |
| 4.          | Calculate gross Income                                                                             | . Add line               | 2 + line 3.               |                     | 4.               | \$     |             | 0.00                                      | \$                   | S        | N/A                 |            |

Official Form 106l Schedule I: Your Income page 1

| Debte | or 1        | Rattan, Balgobin                                                                                                                                                                                                                                                                                            | _          | Cas        | e number (if known) |          |                                |                 |
|-------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|---------------------|----------|--------------------------------|-----------------|
|       | Cor         | by line 4 here                                                                                                                                                                                                                                                                                              | 4.         | Fo         | or Debtor 1         | non      | Debtor 2 or<br>n-filing spouse |                 |
| _     | ·           | -                                                                                                                                                                                                                                                                                                           |            | Ψ.         | 0.00                | _        |                                | -               |
| 5.    |             | all payroll deductions:                                                                                                                                                                                                                                                                                     |            | _          |                     | _        |                                |                 |
|       | 5a.         | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                               | 5a.        |            | 0.00                |          | N/A                            | _               |
|       | 5b.         | Mandatory contributions for retirement plans                                                                                                                                                                                                                                                                | 5b.        |            | 0.00                |          | N/A                            | _               |
|       | 5c.         | Voluntary contributions for retirement plans                                                                                                                                                                                                                                                                | 5c.        | ٠.         | 0.00                |          | N/A                            | -               |
|       | 5d.         | Required repayments of retirement fund loans                                                                                                                                                                                                                                                                | 5d.        | ٠.         | 0.00                |          | N/A                            | -               |
|       | 5e.         | Insurance                                                                                                                                                                                                                                                                                                   | 5e.        |            | 0.00                |          | N/A                            | _               |
|       | 5f.         | Domestic support obligations                                                                                                                                                                                                                                                                                | 5f.        | ٠.         | 0.00                | –        | N/A                            | -               |
|       | 5g.         | Union dues                                                                                                                                                                                                                                                                                                  | 5g.        |            | 0.00                |          | N/A                            | _               |
|       | 5h.         | Other deductions. Specify:                                                                                                                                                                                                                                                                                  | 5h.        | .+ \$      | 0.00                | _ + \$ _ | N/A                            | -               |
| 6.    | Add         | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                                | 6.         | \$.        | 0.00                | _        | N/A                            | -               |
| 7.    | Cal         | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                            | 7.         | \$ _       | 0.00                | _ \$_    | N/A                            | =               |
| 8.    | List<br>8a. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                             | 8a.        | \$         | 0.00                | · \$     | N/A                            |                 |
|       | 8b.         | Interest and dividends                                                                                                                                                                                                                                                                                      | 8b.        |            | 0.00                |          | N/A                            | -               |
|       | 8c.         | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                          | 8c.        |            | 0.00                |          | N/A                            | -               |
|       | 8d.         | Unemployment compensation                                                                                                                                                                                                                                                                                   | 8d.        | \$         | 0.00                | \$       | N/A                            | -               |
|       | 8e.         | Social Security                                                                                                                                                                                                                                                                                             | 8e.        | \$         | 0.00                |          | N/A                            | -               |
|       | 8f.<br>8g.  | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  SSDI  Pension or retirement income | 8f.<br>8g. | \$         | 1,124.00<br>0.00    | \$       | N/A<br>N/A                     | -<br>-<br>-     |
|       | 8h.         | Other monthly income. Specify:                                                                                                                                                                                                                                                                              | 8h.        | .+ \$      | 0.00                | _ + \$ _ | N/A                            | -               |
| 9.    | Add         | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                                        | 9.         | \$_        | 1,124.00            | \$_      | N/A                            | <u> </u>        |
| 10    | Cal         | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                                                 | 10.        | <u> </u>   | 1,124.00 +          | 1        | N/A = \$                       | 1,124.00        |
| 10.   |             | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                                      | 10.        | Ψ <u> </u> | 1,124.00            |          |                                | 1,124.00        |
| 11.   | othe<br>Do  | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your dear friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not available.                             | epende     | .,         | ,                   |          | dule J.<br>11. +\$             | 0.00            |
| 12.   |             | I the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain                                                                                                                                                  |            |            |                     |          | es 12. \$                      | 1,124.00        |
|       |             |                                                                                                                                                                                                                                                                                                             |            |            |                     |          | Combin                         | ned<br>y income |
| 13.   | Do :        | you expect an increase or decrease within the year after you file this form?  No.  Yes. Explain:                                                                                                                                                                                                            | ?          |            |                     |          |                                | , and one       |

Official Form 106l Schedule I: Your Income page 2

| Fill     | in this information to identify you                      | ur case:                                                                       |                      |             |                                      |                                              |
|----------|----------------------------------------------------------|--------------------------------------------------------------------------------|----------------------|-------------|--------------------------------------|----------------------------------------------|
| Del      | otor 1 Balgobin Rat                                      | tan                                                                            |                      | Che         | eck if this is:                      |                                              |
| Dal      |                                                          |                                                                                | _                    |             | An amended filing                    | Comments of the colonian 40                  |
|          | otor 2ouse, if filing)                                   |                                                                                |                      |             | A supplement show expenses as of the | ving postpetition chapter 13 following date: |
| Uni      | ted States Bankruptcy Court for the:                     | EASTERN DISTRICT OF NEW YOUR BROOKLYN DIVISION                                 | ORK,                 |             | MM / DD / YYYY                       |                                              |
| Cas      | se number                                                |                                                                                |                      |             |                                      |                                              |
|          | (nown)                                                   |                                                                                |                      |             |                                      |                                              |
| 0        | fficial Form 106J                                        |                                                                                |                      |             |                                      |                                              |
| S        | chedule J: Your E                                        | xpenses                                                                        |                      |             |                                      | 12/1:                                        |
| inf      |                                                          | possible. If two married people are ded, attach another sheet to this fon.     |                      |             |                                      |                                              |
| Pa<br>1. | Describe Your Househ                                     | nold                                                                           |                      |             |                                      |                                              |
|          | ■ No. Go to line 2.  □ Yes. Does Debtor 2 live in        | a a separate household?                                                        |                      |             |                                      |                                              |
|          | ☐ No<br>☐ Yes. Debtor 2 must                             | t file Official Form 106J-2, <i>Expenses</i> i                                 | for Separate Househ  | oldof Debto | or 2.                                |                                              |
| 2.       | Do you have dependents?                                  | ■ No                                                                           |                      |             |                                      |                                              |
|          | Do not list Debtor 1 and Debtor 2.                       | ☐ Yes. Fill out this information for each dependent                            | Dependent's relation |             | Dependent's age                      | Does dependent live with you?                |
|          | Do not state the                                         |                                                                                |                      |             |                                      | □ No                                         |
|          | dependents names.                                        |                                                                                |                      |             |                                      | Yes                                          |
|          |                                                          |                                                                                |                      |             |                                      | □ No<br>□ Yes                                |
|          |                                                          |                                                                                |                      |             | _                                    | □ No                                         |
|          |                                                          |                                                                                |                      |             |                                      | ☐ Yes                                        |
|          |                                                          |                                                                                |                      |             |                                      | □ No                                         |
| 3.       | Do your expenses include                                 | <b>-</b>                                                                       |                      |             |                                      | ☐ Yes                                        |
| Э.       | expenses of people other that                            |                                                                                |                      |             |                                      |                                              |
|          | yourself and your dependen                               | ts?                                                                            |                      |             |                                      |                                              |
| Pa       | rt 2: Estimate Your Ongoin                               | g Monthly Expenses                                                             |                      |             |                                      |                                              |
| ex       | timate your expenses as of you                           | ur bankruptcy filing date unless yo<br>ankruptcy is filed. If this is a supple |                      |             |                                      |                                              |
|          |                                                          | on-cash government assistance if                                               |                      |             |                                      |                                              |
|          | ue of such assistance and hav<br>ficial Form 106I.)      | ve included it on Schedule I: Your I                                           | Income               |             | Your exp                             | enses                                        |
| 4.       | The rental or home ownersh payments and any rent for the | ip expenses for your residence. In ground or lot.                              | clude first mortgage | 4.          | \$                                   | 850.00                                       |
|          | If not included in line 4:                               |                                                                                |                      |             |                                      |                                              |
|          | 4a. Real estate taxes                                    |                                                                                |                      | 4a.         | \$                                   | 0.00                                         |
|          | 4b. Property, homeowner's,                               | or renter's insurance                                                          |                      | 4b.         |                                      | 0.00                                         |
|          |                                                          | pair, and upkeep expenses                                                      |                      | 4c.         |                                      | 0.00                                         |
| _        |                                                          | on or condominium dues                                                         |                      | 4d.         | ·                                    | 0.00                                         |
| 5.       | Additional mortgage paymer                               | <b>nts for your residence,</b> such as hom                                     | ne equity loans      | 5.          | \$                                   | 0.00                                         |

| Debto       | or 1 _ <b>R</b> | attan, Balgobin                                                                                                                        | Case numb           | per (if known)     |                            |
|-------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------------------------|
| 6. 1        | Utilities       | :                                                                                                                                      |                     |                    |                            |
| (           | 6a. E           | lectricity, heat, natural gas                                                                                                          | 6a.                 | \$                 | 0.00                       |
| (           | 6b. V           | later, sewer, garbage collection                                                                                                       | 6b.                 | \$                 | 0.00                       |
| (           | 6c. T           | elephone, cell phone, Internet, satellite, and cable services                                                                          | 6c.                 | \$                 | 0.00                       |
| (           | 6d. C           | other. Specify:                                                                                                                        | 6d.                 | \$                 | 0.00                       |
| ı           | Food a          | nd housekeeping supplies                                                                                                               | 7.                  | \$                 | 260.00                     |
| . (         | Childca         | re and children's education costs                                                                                                      | 8.                  | \$                 | 0.00                       |
| . (         | Clothin         | g, laundry, and dry cleaning                                                                                                           | 9.                  | \$                 | 0.00                       |
| 0. I        | Person          | al care products and services                                                                                                          | 10.                 | \$                 | 0.00                       |
| 1. I        | Medica          | l and dental expenses                                                                                                                  | 11.                 | \$                 | 0.00                       |
| 2. <b>·</b> | Transp          | ortation. Include gas, maintenance, bus or train fare.                                                                                 |                     |                    |                            |
|             |                 | nclude car payments.                                                                                                                   | 12.                 | \$                 | 0.00                       |
|             |                 | inment, clubs, recreation, newspapers, magazines, and books                                                                            | 13.                 | \$                 | 0.00                       |
| 4. (        | Charita         | ble contributions and religious donations                                                                                              | 14.                 | \$                 | 0.00                       |
| -           | Insuran         |                                                                                                                                        |                     |                    |                            |
|             |                 | nclude insurance deducted from your pay or included in lines 4 or 20.                                                                  | 4.5                 | •                  |                            |
|             |                 | ife insurance                                                                                                                          | 15a.                |                    | 0.00                       |
|             |                 | ealth insurance                                                                                                                        | 15b.                | ·                  | 0.00                       |
|             |                 | ehicle insurance                                                                                                                       | 15c.                | ·                  | 0.00                       |
|             |                 | hther insurance. Specify:                                                                                                              | 15d.                | \$                 | 0.00                       |
|             |                 | Do not include taxes deducted from your pay or included in lines 4 or 20.                                                              | 4.0                 | •                  |                            |
|             | Specify:        |                                                                                                                                        | 16.                 | \$                 | 0.00                       |
|             |                 | nent or lease payments:<br>ar payments for Vehicle 1                                                                                   | 170                 | ¢                  | 0.00                       |
|             |                 | • •                                                                                                                                    | 17a.                | ·                  | 0.00                       |
|             |                 | ar payments for Vehicle 2                                                                                                              | 17b.                | ·                  | 0.00                       |
|             |                 | other. Specify:                                                                                                                        | 17c.                | ·                  | 0.00                       |
|             |                 | ther. Specify:                                                                                                                         | 17d.                | \$                 | 0.00                       |
|             |                 | ayments of alimony, maintenance, and support that you did not report as                                                                | i<br>18.            | \$                 | 0.00                       |
|             |                 | ed from your pay on line 5, Schedule I, Your Income (Official Form 106I). ayments you make to support others who do not live with you. | 10.                 | \$                 | 0.00                       |
|             | Specify:        |                                                                                                                                        | 19.                 | Ψ                  | 0.00                       |
|             |                 | eal property expenses not included in lines 4 or 5 of this form or on Sche                                                             |                     | r Income           |                            |
|             |                 | lortgages on other property                                                                                                            | 20a.                |                    | 0.00                       |
|             |                 | eal estate taxes                                                                                                                       | 20b.                | ·                  | 0.00                       |
|             |                 | roperty, homeowner's, or renter's insurance                                                                                            | 20c.                |                    | 0.00                       |
|             |                 | laintenance, repair, and upkeep expenses                                                                                               | 20d.                |                    | 0.00                       |
|             |                 | omeowner's association or condominium dues                                                                                             | 20a.                | ·                  | 0.00                       |
|             | Other: S        |                                                                                                                                        | 21.                 | ·                  | 0.00                       |
| ۱. ۱        | Other.          |                                                                                                                                        | — - '' <sub>'</sub> | ΤΨ                 | 0.00                       |
| 2. (        | Calcula         | te your monthly expenses                                                                                                               |                     |                    |                            |
|             |                 | d lines 4 through 21.                                                                                                                  |                     | \$                 | 1,110.00                   |
| 2           | 22b. Co         | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                          |                     | \$                 |                            |
| 2           | 22c. Ad         | d line 22a and 22b. The result is your monthly expenses.                                                                               |                     | \$                 | 1,110.00                   |
|             |                 |                                                                                                                                        | l                   | -                  | ,                          |
|             |                 | te your monthly net income.                                                                                                            | 225                 | ¢                  | 4 404 00                   |
|             |                 | opy line 12 (your combined monthly income) from Schedule I.                                                                            | 23a.                | ·                  | 1,124.00                   |
| 2           | ∠3b. C          | opy your monthly expenses from line 22c above.                                                                                         | 23b.                | -\$                | 1,110.00                   |
|             | 330 C           | uhtract vour monthly expenses from your monthly income                                                                                 |                     | ,                  |                            |
| 4           |                 | ubtract your monthly expenses from your monthly income. he result is your <i>monthly net income</i> .                                  | 23c.                | \$                 | 14.00                      |
|             | Do you          | expect an increase or decrease in your expenses within the year after yo                                                               | ou file this fo     |                    |                            |
| 1           |                 | nple, do you expect to finish paying for your car loan within the year or do you expect you ion to the terms of your mortgage?         | ur mortgage p       | ayment to increase | e or decrease because of a |
|             |                 | le                                                                                                                                     |                     |                    |                            |
|             | ☐ Yes.          | Explain here:                                                                                                                          |                     |                    |                            |

| Fill in this in                     | nformation to identify ye                          | our case:               |                |                    |                      |              |                           |
|-------------------------------------|----------------------------------------------------|-------------------------|----------------|--------------------|----------------------|--------------|---------------------------|
| Debtor 1                            | Balgobin Rattan                                    | our oude.               |                |                    |                      |              |                           |
|                                     | First Name                                         | Middle Name             | La             | ast Name           |                      | }            |                           |
| Debtor 2<br>(Spouse if, filing)     | First Name                                         | Middle Name             | 1:             | ast Name           |                      |              |                           |
|                                     |                                                    |                         |                |                    |                      |              |                           |
| United States Ba                    | ankruptcy Court for the:                           | EASTERN DISTRIC         | T OF NEW YC    | RK, BROOKLYN       | DIVISION             | ļ            |                           |
| Case number                         |                                                    |                         |                |                    |                      |              |                           |
| (if known)                          |                                                    |                         |                |                    |                      | 0            | Check if this is an       |
|                                     |                                                    |                         |                |                    |                      |              | amended filing            |
|                                     |                                                    |                         |                |                    |                      |              |                           |
| Official Fam                        | m 100Daa                                           |                         |                |                    |                      |              |                           |
| Official Form                       |                                                    |                         |                |                    |                      |              |                           |
| Declarat                            | tion About a                                       | an Individu             | al Debi        | tor's Sch          | nedules              |              | 12/15                     |
|                                     |                                                    |                         |                |                    |                      |              |                           |
| f two married pe                    | eople are filing together                          | , both are equally resp | onsible for s  | upplying correct   | information.         |              |                           |
| You must file thi                   | is form whenever you fil                           | le bankruptov schedu    | les or amende  | ed schedules. Ma   | king a false state   | ement, conc  | ealing property, or       |
|                                     | y or property by fraud in                          |                         |                |                    |                      |              |                           |
| years, or both. 1                   | 8 U.S.C. §§ 152, 1341, 1                           | 519, and 3571.          |                |                    |                      |              |                           |
|                                     |                                                    |                         |                |                    |                      |              |                           |
| Sig                                 | n Below                                            |                         |                |                    |                      |              |                           |
| Sig                                 | II Delow                                           |                         |                |                    |                      |              |                           |
| Did you na                          | y or agree to pay some                             | one who is NOT an att   | torney to heln | you fill out bank  | runtey forms?        |              |                           |
| Dia you pu                          | ly or agree to pay some                            | one who is itel an an   | orney to neip  | you iiii out buiii | auptoy forms.        |              |                           |
| ■ No                                |                                                    |                         |                |                    |                      |              |                           |
| — Vaa 1                             | Name of paraon                                     |                         |                |                    | Attach Pa            | ankruntov Do | tition Preparer's Notice, |
| ☐ res. i                            | Name of person                                     |                         |                |                    |                      |              | ature (Official Form 119) |
|                                     |                                                    |                         |                |                    |                      | ,            |                           |
|                                     |                                                    |                         |                |                    |                      |              | ,                         |
| Under nena                          | ilty of noriury I declare                          | that I have read the su | ımmary and s   |                    |                      |              | ,                         |
| •                                   |                                                    |                         | •              | chedules filed w   | ith this declaration | on and       | ,                         |
| •                                   | e true and correct.                                |                         | •              | chedules filed w   | ith this declaration | on and       | ,                         |
| that they ar                        |                                                    |                         | x              |                    |                      | on and       | ,                         |
| that they ar<br>X /s/ Bal<br>Balgol | e true and correct.<br>Igobin Rattan<br>bin Rattan |                         | x              |                    |                      | on and       | ,                         |
| that they ar<br>X /s/ Bal<br>Balgol | e true and correct.<br>gobin Rattan                |                         | x              |                    |                      | on and       | ,                         |

|            | Fill in thi                                | s information to identi                           | y your case:                                                      |                                                                                     |            |                               |                            |
|------------|--------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------|-------------------------------|----------------------------|
| Del        | btor 1                                     | Balgobin Rattan                                   | · ·                                                               |                                                                                     |            |                               |                            |
|            |                                            | First Name                                        | Middle Name                                                       | Last Name                                                                           |            |                               |                            |
|            | btor 2<br>buse if, filing)                 | First Name                                        | Middle Name                                                       | Last Name                                                                           |            |                               |                            |
| Uni        | ited States Bar                            | kruptcy Court for the:                            | EASTERN DISTRICT OF                                               | NEW YORK, BROOKLYN DIVISION                                                         |            |                               |                            |
| Cas        | se number                                  |                                                   |                                                                   |                                                                                     |            |                               |                            |
|            | nown)                                      |                                                   |                                                                   |                                                                                     | _          | Check if t                    |                            |
|            |                                            |                                                   |                                                                   |                                                                                     | i          | amended                       | Tiling                     |
| <b>∩</b> f | ficial Fo                                  | m 1065um                                          |                                                                   |                                                                                     |            |                               |                            |
|            |                                            | <u>m 106Sum</u><br>f Your Assets :                | and Liahilities an                                                | d Certain Statistical Informatio                                                    | 'n         | 12/                           | 45                         |
|            |                                            |                                                   |                                                                   | e filing together, both are equally responsible                                     |            |                               |                            |
| info       | rmation. Fill o                            | ut all of your schedule                           | s first; then complete the                                        | information on this form. If you are filing amen he box at the top of this page.    |            |                               |                            |
|            |                                            | arize Your Assets                                 | on sammary and shook t                                            | no sex at the top of the page.                                                      |            |                               |                            |
| ı aı       | Julillia                                   | anze rour Assets                                  |                                                                   |                                                                                     |            |                               | ,                          |
|            |                                            |                                                   |                                                                   |                                                                                     |            | <b>our asse</b><br>alue of wl | e <b>ts</b><br>hat you own |
| 1.         |                                            | B: Property (Official Fo                          |                                                                   |                                                                                     |            |                               | 750 000 00                 |
|            | 1a. Copy line                              | e 55, Total real estate, fr                       | om Schedule A/B                                                   |                                                                                     | 9          | \$                            | 750,000.00                 |
|            | 1b. Copy line                              | e 62, Total personal prop                         | erty, from Schedule A/B                                           |                                                                                     | 9          | \$                            | 0.00                       |
|            | 1c. Copy line                              | e 63, Total of all property                       | on Schedule A/B                                                   |                                                                                     | 9          | \$                            | 750,000.00                 |
| Par        | rt 2: Summa                                | arize Your Liabilities                            |                                                                   |                                                                                     |            |                               |                            |
|            |                                            |                                                   |                                                                   |                                                                                     | Y          | our liabi                     | lities                     |
|            |                                            |                                                   |                                                                   |                                                                                     | Α          | mount yo                      | u owe                      |
| 2.         |                                            |                                                   | nn AAmount of claim, at the                                       | Official Form 106D) bottom of the last page of Part 1 of Schedule D                 | Ó          | \$                            | 1,405,694.00               |
| 3.         |                                            |                                                   | <i>Insecured Claims</i> (Official F<br>(priority unsecured claims | form 106E/F)<br>) from line 6e <b>&amp;</b> chedule E/F                             | \$         | \$                            | 0.00                       |
|            | 3b. Copy the                               | e total claims from Part 2                        | 2 (nonpriority unsecured cla                                      | ims) from line 6j d3chedule E/F                                                     | 5          | \$                            | 44,864.00                  |
|            |                                            |                                                   |                                                                   |                                                                                     |            |                               |                            |
|            |                                            |                                                   |                                                                   | Your total liabili                                                                  | lies \$_   | 1,                            | ,450,558.00                |
| Par        | rt 3: Summa                                | arize Your Income and                             | Expenses                                                          |                                                                                     |            |                               |                            |
| 4.         | Schedule I:                                | Your Income(Official For                          | m 106I)                                                           |                                                                                     |            |                               |                            |
|            |                                            |                                                   |                                                                   |                                                                                     | 9          | \$                            | 1,124.00                   |
| 5.         |                                            | Your Expenses (Official onthly expenses from line | ,                                                                 |                                                                                     | (          | \$                            | 1,110.00                   |
| Par        | rt 4: Answe                                | These Questions for A                             | Administrative and Statist                                        | ical Records                                                                        |            |                               |                            |
| 6.         | -                                          | •                                                 | r Chapters 7, 11, or 13?<br>In this part of the form. Chec        | k this box and submit this form to the court with yo                                | ur other s | chedules.                     |                            |
| 7.         | <ul><li>Yes</li><li>What kind of</li></ul> | f debt do you have?                               |                                                                   |                                                                                     |            |                               |                            |
|            |                                            |                                                   |                                                                   | bts are those "incurred by an individual primarily for all purposes. 28 U.S.C§ 159. | r a person | al, family,                   | , or household             |

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Rattan, Balgobin Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,124.00

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:                                                                             | Total clair | n    |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$          | 0.00 |

| ⊔eb           | 1 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5                                                                                                                                                                                                     |                                                                                                                                                                                                     |                                                        |                                                                             |                                                                                                                     |                                           |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|               | tor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Balgobin Rattan First Name                                                                                                                                                                            | Middle Name                                                                                                                                                                                         | L                                                      | ast Name                                                                    |                                                                                                                     |                                           |
| Deb           | tor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . not rains                                                                                                                                                                                           | auto riaino                                                                                                                                                                                         | _                                                      | aot Hamo                                                                    |                                                                                                                     |                                           |
| (Spot         | use if, filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First Name                                                                                                                                                                                            | Middle Name                                                                                                                                                                                         | L                                                      | ast Name                                                                    |                                                                                                                     |                                           |
| Unit          | ed States Ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ankruptcy Court for the:                                                                                                                                                                              | EASTERN DISTRICT C                                                                                                                                                                                  | F NEW YO                                               | ORK, BROOKLYN D                                                             | IVISION                                                                                                             |                                           |
| Cas           | e number _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                                                                                                                                                                                                     |                                                        |                                                                             | [                                                                                                                   | ☐ Check if this is an                     |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                       |                                                                                                                                                                                                     |                                                        |                                                                             |                                                                                                                     | amended filing                            |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | orm 107                                                                                                                                                                                               |                                                                                                                                                                                                     |                                                        |                                                                             | _                                                                                                                   |                                           |
| Sta           | atement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of Financial <i>A</i>                                                                                                                                                                                 | Affairs for Indiv                                                                                                                                                                                   | iduals                                                 | Filing for B                                                                | ankruptcy                                                                                                           | 4/1                                       |
| if kn<br>Pari | own). Answ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | er every question.  Details About Your Mar                                                                                                                                                            | ital Status and Where Yo                                                                                                                                                                            |                                                        |                                                                             | , , , , , , , , , , , , , , , , , , ,                                                                               | our name and case numbe                   |
| •             | wnat is you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ır current marital status                                                                                                                                                                             | ) <b>(</b>                                                                                                                                                                                          |                                                        |                                                                             |                                                                                                                     |                                           |
|               | ☐ Married                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d                                                                                                                                                                                                     |                                                                                                                                                                                                     |                                                        |                                                                             |                                                                                                                     |                                           |
|               | Not ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rried                                                                                                                                                                                                 |                                                                                                                                                                                                     |                                                        |                                                                             |                                                                                                                     |                                           |
| 2.            | During the I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ast 3 years, have you li                                                                                                                                                                              | ved anywhere other than                                                                                                                                                                             | where yo                                               | u live now?                                                                 |                                                                                                                     |                                           |
|               | ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |                                                                                                                                                                                                     |                                                        |                                                                             |                                                                                                                     |                                           |
|               | ☐ Yes. Lis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | at all of the places you live                                                                                                                                                                         | ed in the last 3 years. Do no                                                                                                                                                                       | nt include w                                           | here you live now.                                                          |                                                                                                                     |                                           |
|               | L Tes. Lis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | st all of the places you live                                                                                                                                                                         | d in the last o years. Do ne                                                                                                                                                                        | ot intolude W                                          | •                                                                           |                                                                                                                     |                                           |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rior Address:                                                                                                                                                                                         | Dates Debtor there                                                                                                                                                                                  |                                                        | Debtor 2 Prior Ad                                                           | dress:                                                                                                              | Dates Debtor 2 lived there                |
|               | Debtor 1 Po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rior Address:<br>ast 8 years, did you eve                                                                                                                                                             | Dates Debtor there                                                                                                                                                                                  | 1 lived                                                | Debtor 2 Prior Add                                                          | y property state or territ                                                                                          | lived there  ory? (Community property     |
|               | Debtor 1 Provided the least and territor No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rior Address:<br>ast 8 years, did you eve<br>ies include Arizona, Calif                                                                                                                               | Dates Debtor<br>there<br>er live with a spouse or le<br>fornia, Idaho, Louisiana, No                                                                                                                | 1 lived<br>egal equiva<br>evada, Nev                   | Debtor 2 Prior Add                                                          | y property state or territ                                                                                          | lived there  ory? (Community property     |
|               | Debtor 1 Provided the least and territor No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rior Address:<br>ast 8 years, did you eve<br>ies include Arizona, Calif                                                                                                                               | Dates Debtor there                                                                                                                                                                                  | 1 lived<br>egal equiva<br>evada, Nev                   | Debtor 2 Prior Add                                                          | y property state or territ                                                                                          | lived there  ory? (Community property     |
|               | Debtor 1 Provided Pr  | rior Address:<br>ast 8 years, did you eve<br>ies include Arizona, Calif                                                                                                                               | Dates Debtor there er live with a spouse or le fornia, Idaho, Louisiana, No                                                                                                                         | 1 lived<br>egal equiva<br>evada, Nev                   | Debtor 2 Prior Add                                                          | y property state or territ                                                                                          | lived there  ory? (Community property     |
| Part          | Debtor 1 Provided Pro | rior Address:  ast 8 years, did you ever ies include Arizona, Calif ake sure you fill out Sche in the Sources of Your we any income from empal amount of income you                                   | Dates Debtor there er live with a spouse or le fornia, Idaho, Louisiana, No                                                                                                                         | 1 lived egal equiva evada, Nev fficial Form ng a busin | Debtor 2 Prior Add<br>Ident in a communit<br>V Mexico, Puerto Ric<br>106H). | y property state or territ<br>o, Texas, Washington and<br>or or the two previous ca<br>ime activities.              | ory? (Community property<br>d Wisconsin.) |
| Part          | Debtor 1 Pri Within the Iss and territor  No Yes. Ms  Expla  Did you have Fill in the total If you are filling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rior Address:  ast 8 years, did you ever ies include Arizona, Calif ake sure you fill out Sche in the Sources of Your we any income from empal amount of income you                                   | Dates Debtor there er live with a spouse or lefornia, Idaho, Louisiana, Nodule H: Your Codebtors (Officement or from operation received from all jobs and                                           | 1 lived egal equiva evada, Nev fficial Form ng a busin | Debtor 2 Prior Add<br>Ident in a communit<br>V Mexico, Puerto Ric<br>106H). | y property state or territ<br>o, Texas, Washington and<br>or or the two previous ca<br>ime activities.              | ory? (Community property<br>d Wisconsin.) |
| Part          | Debtor 1 Provided Pr  | rior Address:  ast 8 years, did you everies include Arizona, California ake sure you fill out Sche in the Sources of Your we any income from emplal amount of income you had a joint case and you had | Dates Debtor there er live with a spouse or lefornia, Idaho, Louisiana, Nodule H: Your Codebtors (Officement or from operation received from all jobs and                                           | 1 lived egal equiva evada, Nev fficial Form ng a busin | Debtor 2 Prior Add<br>Ident in a communit<br>V Mexico, Puerto Ric<br>106H). | y property state or territ<br>o, Texas, Washington and<br>or or the two previous ca<br>ime activities.              | ory? (Community property<br>d Wisconsin.) |
| Part          | Debtor 1 Provided Pr  | rior Address:  ast 8 years, did you ever ies include Arizona, Calif ake sure you fill out Sche in the Sources of Your we any income from empal amount of income you                                   | Dates Debtor there er live with a spouse or lefornia, Idaho, Louisiana, Nordule H: Your Codebtors (Office Income ployment or from operation received from all jobs and ave income that you received | 1 lived egal equiva evada, Nev fficial Form ng a busin | Debtor 2 Prior Add<br>Ident in a communit<br>V Mexico, Puerto Ric<br>106H). | y property state or territ<br>o, Texas, Washington and<br>or or the two previous ca<br>ime activities.<br>Debtor 1. | ory? (Community property<br>d Wisconsin.) |
| Part          | Debtor 1 Provided Pr  | rior Address:  ast 8 years, did you everies include Arizona, California ake sure you fill out Sche in the Sources of Your we any income from emplal amount of income you had a joint case and you had | Dates Debtor there er live with a spouse or lefornia, Idaho, Louisiana, Nodule H: Your Codebtors (Officement or from operation received from all jobs and                                           | 1 lived egal equiva evada, Nev fficial Form ng a busin | Debtor 2 Prior Add<br>Ident in a communit<br>V Mexico, Puerto Ric<br>106H). | y property state or territ<br>o, Texas, Washington and<br>or or the two previous ca<br>ime activities.              | ory? (Community property<br>d Wisconsin.) |

Official Form 107

| 00 | NO 1                        | ıllan, Daiç                    | Jobin                               |                             |                                                                                      |                             |                                                       | oc Humber (II known)                         |                        |                                                       | _  |
|----|-----------------------------|--------------------------------|-------------------------------------|-----------------------------|--------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------|----------------------------------------------|------------------------|-------------------------------------------------------|----|
|    |                             |                                |                                     |                             |                                                                                      |                             |                                                       |                                              |                        |                                                       |    |
| 5. | Include incother publi      | come regard<br>ic benefit pa   | less of whethe<br>yments; pensi     | er that incomons; rental in |                                                                                      | es of <i>ot</i><br>lends; r | ther income are alim<br>noney collected fron          | n lawsuits; royalties                        |                        | urity, unemployment, a ng and lottery winnings        |    |
|    |                             |                                |                                     |                             |                                                                                      |                             |                                                       |                                              |                        |                                                       |    |
|    | List each s                 | source and t                   | he gross incor                      | me from eac                 | h source separately.                                                                 | Do not                      | include income that                                   | you listed in line 4.                        |                        |                                                       |    |
|    | □ No                        |                                |                                     |                             |                                                                                      |                             |                                                       |                                              |                        |                                                       |    |
|    | Yes.                        | Fill in the de                 | etails.                             |                             |                                                                                      |                             |                                                       |                                              |                        |                                                       |    |
|    |                             |                                |                                     | Debtor 1                    |                                                                                      |                             |                                                       | Debtor 2                                     |                        |                                                       |    |
|    |                             |                                |                                     | Sources of Describe b       | of income<br>pelow.                                                                  | each                        | s income from<br>source<br>e deductions and<br>sions) | Sources of inc<br>Describe below.            |                        | Gross income<br>(before deductions<br>and exclusions) |    |
|    |                             | / 1 of curre<br>filed for bar  | nt year until<br>nkruptcy:          | SSDI                        |                                                                                      |                             | \$12,364.00                                           |                                              |                        |                                                       |    |
|    | r last calen<br>inuary 1 to | dar year:<br>December          | 31, 2018 )                          | SSDI                        |                                                                                      |                             | \$13,488.00                                           |                                              |                        |                                                       |    |
|    |                             | dar year be<br>December        |                                     | SSDI                        |                                                                                      |                             | \$13,488.00                                           |                                              |                        |                                                       |    |
| Pa | rt 3: List                  | t Certain Pa                   | vments You                          | Made Befo                   | re You Filed for Ba                                                                  | nkrupt                      | cv                                                    |                                              |                        |                                                       |    |
| _  |                             |                                | -                                   |                             |                                                                                      |                             |                                                       |                                              |                        |                                                       | _  |
| б. | □ No.                       | Neither De                     | ebtor 1 nor D                       | ebtor 2 has                 | marily consumer de<br>s primarily consumently, or household pu                       | er debt                     |                                                       | are defined in 11 U                          | .S.C. § 101            | (8) as "incurred by an                                |    |
|    |                             | During the                     | 90 days before                      | re vou filed f              | or bankruptcy, did yo                                                                | ou pav a                    | nv creditor a total of                                | \$6.825* or more?                            |                        |                                                       |    |
|    |                             | □ No.                          | Go to line 7                        | •                           |                                                                                      | 1 - 7 -                     | ,                                                     | , , , , , , , , , , , , , , , , , , , ,      |                        |                                                       |    |
|    |                             | ☐ Yes                          |                                     |                             |                                                                                      |                             |                                                       |                                              |                        | otal amount you paid th                               |    |
|    |                             | * Subject                      | payments to                         | an attorney                 | e payments for dome<br>If for this bankruptcy of<br>and every 3 years aft            | case.                       |                                                       |                                              |                        | ny. Also, do not include                              | )  |
|    | ■ Yes.                      |                                |                                     |                             | e primarily consume<br>or bankruptcy, did yo                                         |                             |                                                       | \$600 or more?                               |                        |                                                       |    |
|    |                             | ■ No.                          | Go to line 7                        | <b>7</b> .                  |                                                                                      |                             |                                                       |                                              |                        |                                                       |    |
|    |                             | □ Yes                          |                                     | or domestic                 |                                                                                      |                             |                                                       |                                              |                        | editor. Do not include<br>yments to an attorney fo    | or |
|    |                             |                                |                                     |                             |                                                                                      |                             |                                                       |                                              |                        |                                                       |    |
|    | Creditor'                   | s Name and                     | d Address                           |                             | Dates of payment                                                                     | t                           | Total amount paid                                     | Amount you still owe                         | Was this               | payment for                                           |    |
| 7. | Insiders in which you       | clude your re<br>are an office | elatives; any g<br>er, director, pe | eneral partnerson in cont   | y, did you make a pers; relatives of any grol, or owner of 20% S.C. § 101. Include p | general<br>or more          | partners; partnershie of their voting secu            | ips of which you are<br>urities; and any man | a general paging agent | artner; corporations of<br>, including one for a      |    |
|    | ■ No                        | Line of                        |                                     |                             |                                                                                      |                             |                                                       |                                              |                        |                                                       |    |
|    |                             |                                | nents to an ins                     | iaer.                       | Dates of warms and                                                                   |                             | Total amazini                                         | Amazzatza                                    | Degray (               | au thia mayor and                                     |    |
|    | insider's                   | Name and                       | Address                             |                             | Dates of payment                                                                     |                             | Total amount paid                                     | Amount you<br>still owe                      | Reason                 | or this payment                                       |    |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

| Del | otor 1           | Rattan, Balgobin                                                                                                     |        |                       | Case                 | e number (if    | known)          |                         |                              |
|-----|------------------|----------------------------------------------------------------------------------------------------------------------|--------|-----------------------|----------------------|-----------------|-----------------|-------------------------|------------------------------|
|     |                  |                                                                                                                      |        |                       |                      |                 |                 |                         |                              |
|     | inside<br>Includ | er?<br>le payments on debts guaranteed or cosign                                                                     | ned b  | y an insider.         |                      |                 |                 |                         |                              |
|     |                  | No<br>Yes. List all payments to an insider                                                                           |        |                       |                      |                 |                 |                         |                              |
|     | Insid            | ler's Name and Address                                                                                               | Dat    | es of payment         | Total amount paid    | Amount<br>still | you<br>owe      | Reason for Include cred | this payment<br>litor's name |
| Par | rt 4:            | Identify Legal Actions, Repossessions                                                                                | s, and | l Foreclosures        |                      |                 |                 |                         |                              |
| 9.  | List al          | n 1 year before you filed for bankrupto: Il such matters, including personal injury ca<br>ontract disputes.          |        |                       |                      |                 |                 |                         |                              |
|     | □ 1              | No                                                                                                                   |        |                       |                      |                 |                 |                         |                              |
|     |                  | Yes. Fill in the details.                                                                                            |        |                       |                      |                 |                 |                         |                              |
|     |                  | e title<br>e number                                                                                                  | Nat    | ure of the case       | Court or agency      |                 |                 | Status of th            | ie case                      |
|     |                  | tsche Bank v. Balgobin Rattan<br>52/2007                                                                             | Fo     | reclosure             | Kings County S       | Supreme         |                 | Pending                 |                              |
|     | 100              | 52/2007                                                                                                              |        |                       | 360 Adams St         |                 | ☐ On appe       |                         |                              |
|     |                  |                                                                                                                      |        |                       | Brooklyn, NY 1       | 1201-370        | 7               | Conoida                 |                              |
|     | <b>=</b> 1       | k all that apply and fill in the details below<br>No. Go to line 11. Yes. Fill in the information below.             | N.     |                       |                      |                 |                 |                         |                              |
|     | Cred             | litor Name and Address                                                                                               | Des    | scribe the Property   |                      |                 | Date            | Value of the            |                              |
|     |                  |                                                                                                                      | Exp    | olain what happened   |                      |                 |                 |                         | property                     |
| 11. | accou            | n 90 days before you filed for bankrupt<br>unts or refuse to make a payment becan<br>No<br>Yes. Fill in the details. |        |                       | ding a bank or fina  | ncial instit    | ution, s        | set off any an          | nounts from your             |
|     | Cred             | litor Name and Address                                                                                               | Des    | scribe the action the | creditor took        |                 | Date a          | action was              | Amount                       |
| 12. |                  | n 1 year before you filed for bankruptc<br>-appointed receiver, a custodian, or an                                   |        |                       | ty in the possessio  | n of an ass     | signee 1        | or the benefi           | t of creditors, a            |
|     | _                | No<br>Yes                                                                                                            |        |                       |                      |                 |                 |                         |                              |
| Par |                  | List Certain Gifts and Contributions                                                                                 |        |                       |                      |                 |                 |                         |                              |
|     |                  |                                                                                                                      |        |                       |                      |                 | ¢coo            |                         |                              |
| 13. | <b>I</b>         | n 2 years before you filed for bankrupto<br>No<br>Yes. Fill in the details for each gift.                            | cy, a  | d you give any gifts  | with a total value o | r more tha      | n \$600         | per person?             |                              |
|     |                  | with a total value of more than \$600 pe                                                                             | er     | Describe the gifts    |                      |                 | Dates<br>the gi | you gave<br>fts         | Value                        |
|     | Pers<br>Addr     | on to Whom You Gave the Gift and ress:                                                                               |        |                       |                      |                 |                 |                         |                              |

| Det | otor 1 Rattan, Balgobin                                                                                                                                                        |                      | Ca                                                                                                                                  | ise number ( | if known)                                |                           |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------|---------------------------|
| 14. | Within 2 years before you filed for bank                                                                                                                                       | ruptcy, o            | did you give any gifts or contributions v                                                                                           | with a total | value of more than \$6                   | 600 to any charity?       |
|     | <ul><li>No</li><li>☐ Yes. Fill in the details for each gift or of</li></ul>                                                                                                    | ontributio           | on.                                                                                                                                 |              |                                          |                           |
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co                                                        | total                | Describe what you contributed                                                                                                       |              | Dates you contributed                    | Value                     |
| Par | rt 6: List Certain Losses                                                                                                                                                      |                      |                                                                                                                                     |              |                                          |                           |
| 5.  | Within 1 year before you filed for bankroor gambling?                                                                                                                          | uptcy or             | since you filed for bankruptcy, did you                                                                                             | ı lose anyth | ing because of theft,                    | fire, other disaster,     |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                               |                      |                                                                                                                                     |              |                                          |                           |
|     | Describe the property you lost and how the loss occurred                                                                                                                       | Includ               | ibe any insurance coverage for the loss<br>e the amount that insurance has paid. List<br>nce claims on line 33 of Schedule A/B: Pro | t pending    | Date of your loss                        | Value of property<br>lost |
| 5   | Table Contain Downson on Toron (                                                                                                                                               |                      | The claims on line 33 dischedule AVB. The                                                                                           | openy.       |                                          |                           |
| Par | List Certain Payments or Transfer                                                                                                                                              | rs                   |                                                                                                                                     |              |                                          |                           |
| 16. | Within 1 year before you filed for bankru<br>consulted about seeking bankruptcy or<br>Include any attorneys, bankruptcy petition p                                             | preparir             | ng a bankruptcy petition?                                                                                                           |              |                                          | y to anyone you           |
|     | □ No                                                                                                                                                                           |                      |                                                                                                                                     |              |                                          |                           |
|     | Yes. Fill in the details.                                                                                                                                                      |                      |                                                                                                                                     |              |                                          |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not                                                                              | You                  | Description and value of any propert transferred                                                                                    | ty           | Date payment or<br>transfer was<br>made  | Amount of payment         |
|     | Balisok & Kaufman PLLC<br>251 Troy Ave<br>Brooklyn, NY 11213-3601                                                                                                              |                      | 0.00                                                                                                                                |              |                                          | \$0.00                    |
| 17. | Within 1 year before you filed for bankri<br>promised to help you deal with your cre<br>Do not include any payment or transfer that                                            | ditors o             | r to make payments to your creditors?                                                                                               | ehalf pay or | transfer any propert                     | y to anyone who           |
|     | ■ No                                                                                                                                                                           |                      |                                                                                                                                     |              |                                          |                           |
|     | ☐ Yes. Fill in the details.                                                                                                                                                    |                      |                                                                                                                                     |              |                                          |                           |
|     | Person Who Was Paid<br>Address                                                                                                                                                 |                      | Description and value of any propert transferred                                                                                    | ty           | Date payment or transfer was made        | Amount of payment         |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfers gifts and transfers that you have already list | ur busin<br>s made a | ess or financial affairs?<br>s security (such as the granting of a security                                                         |              |                                          |                           |
|     | No                                                                                                                                                                             |                      |                                                                                                                                     |              |                                          |                           |
|     | Yes. Fill in the details.                                                                                                                                                      |                      | Description and value of                                                                                                            | Doggribe     | any proporty or                          | Data transfer was         |
|     | Person Who Received Transfer Address                                                                                                                                           |                      | Description and value of property transferred                                                                                       |              | any property or received or debts change | Date transfer was made    |
|     | Person's relationship to you                                                                                                                                                   |                      |                                                                                                                                     |              |                                          |                           |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Case number (if known)

|     | <b>beneficiary?</b> (These are often called asset-protein                                                                                                                  | ction devices.)                                        |                                             |                       |                                                      |                                         |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------|-----------------------|------------------------------------------------------|-----------------------------------------|
|     | ■ No □ Yes. Fill in the details.                                                                                                                                           | ,                                                      |                                             |                       |                                                      |                                         |
|     | Name of trust                                                                                                                                                              | Description and v                                      | alue of the pro                             | perty transf          | ferred                                               | Date Transfer was                       |
|     | List of Contain Financial Assessment Institute                                                                                                                             | www.auta Cafa Dawaait                                  | Davis and Ct.                               |                       |                                                      | made                                    |
| Par | t 8: List of Certain Financial Accounts, Instr                                                                                                                             | ruments, Sare Deposit                                  | Boxes, and Sto                              | orage Units           |                                                      |                                         |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | other financial accoun                                 | ts; certificates                            | of deposit;           |                                                      |                                         |
|     | ☐ Yes. Fill in the details.                                                                                                                                                | in the details.                                        |                                             |                       |                                                      |                                         |
|     |                                                                                                                                                                            | Last 4 digits of account number                        | Type of acco                                | ount or               | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?                                                                                                     | ar before you filed for                                | bankruptcy, aı                              | ny safe depo          | osit box or other deposi                             | tory for securities,                    |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                           |                                                        |                                             |                       |                                                      |                                         |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code)             |                                                        |                                             | Describe the contents |                                                      | Do you still have it?                   |
| 22. | Have you stored property in a storage unit or                                                                                                                              | place other than your                                  | home within 1                               | year before           | you filed for bankrupto                              | y?                                      |
|     | ■ No                                                                                                                                                                       |                                                        |                                             |                       |                                                      |                                         |
|     | ☐ Yes. Fill in the details.                                                                                                                                                |                                                        |                                             |                       |                                                      |                                         |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)                                                                                                | to it?                                                 | to it? Address (Number, Street, City, State |                       | the contents                                         | Do you still have it?                   |
| Par | t 9: Identify Property You Hold or Control fo                                                                                                                              | or Someone Else                                        |                                             |                       |                                                      |                                         |
| 23. | Do you hold or control any property that som someone.                                                                                                                      | eone else owns? Inclu                                  | de any propert                              | y you borro           | wed from, are storing f                              | or, or hold in trust for                |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                           |                                                        |                                             |                       |                                                      |                                         |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                         | Where is the prop<br>(Number, Street, City, S<br>Code) |                                             | Describe              | the property                                         | Value                                   |
| Par | t 10: Give Details About Environmental Infor                                                                                                                               | mation                                                 |                                             |                       |                                                      |                                         |
| For | the purpose of Part 10, the following definition                                                                                                                           | s apply:                                               |                                             |                       |                                                      |                                         |
|     | Environmental law means any federal, state, o                                                                                                                              | or local statute or regul                              | lation concern                              | ina pollutio          | n. contamination releas                              | ses of hazardous or                     |
| -   | toxic substances, wastes, or material into the controlling the cleanup of these substances, v                                                                              | air, land, soil, surface                               |                                             |                       |                                                      |                                         |

material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous

own, operate, or utilize it, including disposal sites.

Debtor 1 Rattan, Balgobin

| Del                 | ו וטוט                                                                                                                                        | Rattan, Baigobin                                                                                                                                                        |                                                                            | Case number (if known)                                                              |                     |  |  |  |  |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------|--|--|--|--|
|                     |                                                                                                                                               |                                                                                                                                                                         |                                                                            |                                                                                     |                     |  |  |  |  |
| 24.                 | Has                                                                                                                                           | any governmental unit notified you that                                                                                                                                 | you may be liable or potentially liable u                                  | nder or in violation of an enviror                                                  | mental law?         |  |  |  |  |
|                     |                                                                                                                                               | No<br>Yes. Fill in the details.                                                                                                                                         |                                                                            |                                                                                     |                     |  |  |  |  |
|                     |                                                                                                                                               | me of site<br>dress (Number, Street, City, State and ZIP Code)                                                                                                          | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                                   | Date of notice      |  |  |  |  |
| 25.                 | Hav                                                                                                                                           | e you notified any governmental unit of                                                                                                                                 | any release of hazardous material?                                         |                                                                                     |                     |  |  |  |  |
|                     |                                                                                                                                               | No<br>Yes. Fill in the details.                                                                                                                                         |                                                                            |                                                                                     |                     |  |  |  |  |
|                     |                                                                                                                                               | me of site<br>dress (Number, Street, City, State and ZIP Code)                                                                                                          | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                                   | Date of notice      |  |  |  |  |
| 26.                 | Hav                                                                                                                                           | e you been a party in any judicial or adm                                                                                                                               | ninistrative proceeding under any enviro                                   | onmental law? Include settlement                                                    | s and orders.       |  |  |  |  |
|                     |                                                                                                                                               | No<br>Yes. Fill in the details.                                                                                                                                         |                                                                            |                                                                                     |                     |  |  |  |  |
|                     |                                                                                                                                               | se Title<br>se Number                                                                                                                                                   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                                                  | Status of the case  |  |  |  |  |
| Pai                 | rt 11:                                                                                                                                        | Give Details About Your Business or 0                                                                                                                                   | Connections to Any Business                                                |                                                                                     |                     |  |  |  |  |
| 27.                 | With                                                                                                                                          | _                                                                                                                                                                       | n a trade, profession, or other activity, e                                | ither full-time or part-time                                                        | ny business?        |  |  |  |  |
|                     | <ul><li>☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)</li><li>☐ A partner in a partnership</li></ul> |                                                                                                                                                                         |                                                                            |                                                                                     |                     |  |  |  |  |
|                     | ☐ An officer, director, or managing executive of a corporation                                                                                |                                                                                                                                                                         |                                                                            |                                                                                     |                     |  |  |  |  |
|                     |                                                                                                                                               | ☐ An owner of at least 5% of the voting or equity securities of a corporation                                                                                           |                                                                            |                                                                                     |                     |  |  |  |  |
|                     |                                                                                                                                               | No. None of the above applies. Go to P                                                                                                                                  | art 12.                                                                    |                                                                                     |                     |  |  |  |  |
|                     |                                                                                                                                               | Yes. Check all that apply above and fill                                                                                                                                | in the details below for each business.                                    |                                                                                     |                     |  |  |  |  |
|                     | Ad                                                                                                                                            | siness Name<br>dress<br>mber, Street, City, State and ZIP Code)                                                                                                         | Describe the nature of the business  Name of accountant or bookkeeper      | Employer Identification nur<br>Do not include Social Secu<br>Dates business existed |                     |  |  |  |  |
| 28.                 |                                                                                                                                               | nin 2 years before you filed for bankruptoitutions, creditors, or other parties.                                                                                        | cy, did you give a financial statement to                                  |                                                                                     | clude all financial |  |  |  |  |
|                     | ■                                                                                                                                             | No<br>Yes. Fill in the details below.                                                                                                                                   |                                                                            |                                                                                     |                     |  |  |  |  |
|                     |                                                                                                                                               |                                                                                                                                                                         | Date Issued                                                                |                                                                                     |                     |  |  |  |  |
| Pai                 | `                                                                                                                                             | Sign Below                                                                                                                                                              |                                                                            |                                                                                     |                     |  |  |  |  |
| true<br>ban<br>18 L | and<br>krupt<br>J.S.C                                                                                                                         | ad the answers on this Statement of Fina<br>correct. I understand that making a false<br>tcy case can result in fines up to \$250,00<br>. §§ 152, 1341, 1519, and 3571. | e statement, concealing property, or obta                                  | aining money or property by frac                                                    |                     |  |  |  |  |
| Ba                  | lgob                                                                                                                                          | gobin Rattan<br>oin Rattan<br>re of Debtor 1                                                                                                                            | Signature of Debtor 2                                                      |                                                                                     |                     |  |  |  |  |
| Dat                 | te <u>I</u>                                                                                                                                   | December 4, 2019                                                                                                                                                        | Date                                                                       |                                                                                     |                     |  |  |  |  |
|                     |                                                                                                                                               |                                                                                                                                                                         |                                                                            |                                                                                     |                     |  |  |  |  |

Official Form 107

| Debtor 1   | Rattan, Balgobi      | n                                                            | Case number (if known)                       |
|------------|----------------------|--------------------------------------------------------------|----------------------------------------------|
|            |                      |                                                              |                                              |
| •          | tach additional pag  | es to Your Statement of Financial Affairs for Individual     | s Filing for Bankruptcy (Official Form 107)? |
| ■ No       |                      |                                                              |                                              |
| ☐ Yes      |                      |                                                              |                                              |
| Did you pa | ay or agree to pay s | omeone who is not an attorney to help you fill out bank      | kruptcy forms?                               |
| ■ No       |                      |                                                              |                                              |
| ☐ Yes. Na  | ame of Person        | . Attach the Bankruptcy Petition Preparer's Notice, Declara- | ation, and Signature (Official Form 119).    |

| Fill in this infor                                       | mation to identify your case:                                                                                                                                                                                                            |                                           |                                   |                                                   |                          | to the district forms                                                          | in Fame                             |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------|---------------------------------------------------|--------------------------|--------------------------------------------------------------------------------|-------------------------------------|
| Debtor 1                                                 |                                                                                                                                                                                                                                          |                                           |                                   | neck one box<br>22A-1Supp:                        | only as d                | irected in this form and                                                       | in Form                             |
|                                                          | Balgobin Rattan                                                                                                                                                                                                                          |                                           |                                   |                                                   |                          |                                                                                |                                     |
| Debtor 2<br>(Spouse, if filing)                          |                                                                                                                                                                                                                                          |                                           |                                   | ■ 1. There                                        | is no pres               | umption of abuse                                                               |                                     |
|                                                          | Bankruptcy Court for the:  Eastern District of Division                                                                                                                                                                                  | New York, Brook                           | klyn                              | applie                                            | s will be n              | o determine if a presur<br>nade under <i>Chapter 7 N</i><br>cial Form 122A-2). | •                                   |
| Case number (if known)                                   |                                                                                                                                                                                                                                          |                                           |                                   | ☐ 3. The Me                                       | eans Test                | does not apply now becout it could apply later.                                | ause of qualified                   |
|                                                          |                                                                                                                                                                                                                                          |                                           |                                   | ☐ Check i                                         | f this is a              | n amended filing                                                               |                                     |
| Official F                                               | orm 122A - 1                                                                                                                                                                                                                             |                                           |                                   |                                                   |                          |                                                                                |                                     |
| Chapter                                                  | 7 Statement of Your Cui                                                                                                                                                                                                                  | rent Mor                                  | nthly Inc                         | ome                                               |                          |                                                                                | 10/19                               |
| a separate sheet<br>number (if know<br>military service, | and accurate as possible. If two married people at to this form. Include the line number to which then). If you believe that you are exempted from a promplete and file Statement of Exemption from alculate Your Current Monthly Income | ne additional infor<br>resumption of ab   | rmation applies<br>use because yo | . On the top of<br>ou do not have                 | any addit                | ional pages, write your r<br>consumer debts or beca                            | name and case<br>luse of qualifying |
| 1. What is y                                             | your marital and filing status? Check one on                                                                                                                                                                                             | ıly.                                      |                                   |                                                   |                          |                                                                                |                                     |
| ■ Not m                                                  | arried. Fill out Column A, lines 2-11.                                                                                                                                                                                                   |                                           |                                   |                                                   |                          |                                                                                |                                     |
| ☐ Marrie                                                 | ed and your spouse is filing with you. Fill ou                                                                                                                                                                                           | ut both Columns                           | A and B, lines                    | 2-11.                                             |                          |                                                                                |                                     |
| ☐ Marrie                                                 | ed and your spouse is NOT filing with you.                                                                                                                                                                                               | You and your s                            | pouse are:                        |                                                   |                          |                                                                                |                                     |
| ☐ Liv                                                    | ing in the same household and are not lega                                                                                                                                                                                               | Ily separated. F                          | ill out both Col                  | umns A and                                        | B, lines 2-              | 11.                                                                            |                                     |
| pei                                                      | ing separately or are legally separated. Fill of nalty of perjury that you and your spouse are legart for reasons that do not include evading the N                                                                                      | gally separated ur                        | nder nonbankru                    | uptcy law that                                    | applies or               |                                                                                |                                     |
| 101(10A). Fo<br>6 months, add                            | erage monthly income that you received from all<br>r example, if you are filing on September 15, the 6-m<br>d the income for all 6 months and divide the total by<br>e rental property, put the income from that property in             | nonth period would 6. Fill in the result. | be March 1 thro Do not include a  | ugh August 31<br>any income am                    | . If the amo ount more t | unt of your monthly incom<br>han once. For example, if                         | e varied during the                 |
|                                                          |                                                                                                                                                                                                                                          |                                           |                                   | Column A Debtor 1                                 |                          | Column B Debtor 2 or non-filing spouse                                         |                                     |
|                                                          | ess wages, salary, tips, bonuses, overtime, aductions).                                                                                                                                                                                  | and commission                            | ns (before all                    | \$                                                | 0.00                     | \$                                                                             |                                     |
| 3. Alimony                                               | and maintenance payments. Do not include is filled in.                                                                                                                                                                                   | payments from a                           | a spouse if                       | \$                                                | 0.00                     | \$                                                                             |                                     |
| 4. All amou of you or from an u                          | ints from any source which are regularly par your dependents, including child support. Inmarried partner, members of your household, es. Include regular contributions from a spous clude payments you listed on line 3                  | Include regular                           | contributions                     | n.<br>\$                                          | 0.00                     | \$                                                                             |                                     |
|                                                          | me from operating a business, profession,                                                                                                                                                                                                | or farm                                   |                                   |                                                   |                          |                                                                                |                                     |
|                                                          |                                                                                                                                                                                                                                          |                                           | otor 1                            |                                                   |                          |                                                                                |                                     |
|                                                          | ceipts (before all deductions)                                                                                                                                                                                                           | \$ 0.00                                   | •                                 |                                                   |                          |                                                                                |                                     |
| •                                                        | and necessary operating expenses                                                                                                                                                                                                         | -\$ <u>0.00</u>                           | Conv. boro                        | Ф.                                                | 0.00                     | ¢                                                                              |                                     |
|                                                          | hly income from a business, profession, or far                                                                                                                                                                                           | m \$                                      | Copy here -:                      | <b>&gt;</b> • • • • • • • • • • • • • • • • • • • | 0.00                     | \$                                                                             |                                     |
| 6. Net inco                                              | me from rental and other real property                                                                                                                                                                                                   | Del                                       | otor 1                            |                                                   |                          |                                                                                |                                     |
| Gross roo                                                | ceipts (before all deductions)                                                                                                                                                                                                           | \$ 0.00                                   |                                   |                                                   |                          |                                                                                |                                     |
|                                                          | and necessary operating expenses                                                                                                                                                                                                         | -\$ 0.00                                  | •                                 |                                                   |                          |                                                                                |                                     |
| •                                                        | hly income from rental or other real property                                                                                                                                                                                            | · — —                                     | Copy here -:                      | >\$                                               | 0.00                     | \$                                                                             |                                     |
|                                                          | dividends, and royalties                                                                                                                                                                                                                 | ¥                                         | . • •                             | \$                                                | 0.00                     | \$                                                                             |                                     |

Official Form 122A-1

| Debtor                | Rattan, Balgobin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                  | Case           | number (i  | f known)    |                                   |             |              |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|------------|-------------|-----------------------------------|-------------|--------------|
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                  | Colur          |            |             | Column B Debtor 2 or non-filing s |             |              |
| 8. <b>l</b>           | Inemployment compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                          |                                                  | \$             |            | 0.00        | \$                                |             |              |
|                       | Oo not enter the amount if you contend that the amount reconcial Security Act. Instead, list it here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | eived was a benefit ι                                                                                                    | ınder the                                        |                |            |             |                                   |             |              |
|                       | For you\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.                                                                                                                       | .00                                              |                |            |             |                                   |             |              |
|                       | For your spouse \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                  |                |            |             |                                   |             |              |
| i<br>(<br>6           | Pension or retirement income. Do not include any amounder the Social Security Act. Also, except as stated in the include any compensation, pension, pay, annuity, or allowas overnment in connection with a disability, combat-related member of the uniformed services. If you received any rest of title 10, then include that pay only to the extent that it if retired pay to which you would otherwise be entitled if retitle 10 other than chapter 61 of that title.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | next sentence, do no<br>nce paid by the Unite<br>injury or disability, or<br>tired pay paid under<br>does not exceed the | ot<br>ed States<br>death of<br>chapter<br>amount | \$             |            | 0.00        | \$                                |             |              |
| 1<br>(<br>)<br>(<br>) | ncome from all other sources not listed above. Specification include any benefits received under the Social Security ictim of a war crime, a crime against humanity, or internation on the source of the uniformed services. If necessary, list othe and put the total below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Act; payments received in a community or domestic terminal the United States injury or disability, or                    | ved as a orism; or death of                      |                |            |             |                                   |             |              |
|                       | SSDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                  | \$             | 1,12       | 24.00       | \$                                |             |              |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                  | \$             |            | 0.00        | \$                                |             |              |
|                       | Total amounts from separate pages, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | +                                                | \$             |            | 0.00        | \$                                |             |              |
|                       | Calculate your total current monthly income. Add lines each column. Then add the total for Column A to the total for Column B. Total total for Column B. Total total for Column B. Total f | l for Column B.                                                                                                          | \$1                                              | 1,124.         | .00        | <b>+</b>    |                                   | Total incon | 1,124.00     |
| 12. (                 | Calculate your current monthly income for the year. F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | follow these steps:                                                                                                      |                                                  |                |            |             |                                   |             |              |
|                       | 2a. Copy your total current monthly income from line 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                                                                                                        |                                                  |                | Copy I     | ine 11 h    | ere=>                             | \$          | 1,124.00     |
|                       | Multiply by 12 (the number of months in a year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                  |                |            |             |                                   | X           | 12           |
| ,                     | 2b. The result is your annual income for this part of the fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | orm                                                                                                                      |                                                  |                |            |             | 12b.                              | ·   \$      | 13,488.00    |
| 13. (                 | Calculate the median family income that applies to yo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | u. Follow these steps                                                                                                    | s:                                               |                |            |             |                                   |             |              |
| F                     | ill in the state in which you live.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NY                                                                                                                       |                                                  |                |            |             |                                   |             |              |
| F                     | ill in the number of people in your household.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                                                                        |                                                  |                |            |             |                                   |             |              |
| -                     | fill in the median family income for your state and size of<br>o find a list of applicable median income amounts, go or<br>orm. This list may also be available at the bankruptcy cle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nline using the link sp                                                                                                  | pecified ir                                      | the s          | eparate    | instruction | 13.<br>ons for this               | \$          | 56,120.00    |
| 14. <b>i</b>          | low do the lines compare?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                          |                                                  |                |            |             |                                   |             |              |
| ,                     | 4a. Line 12b is less than or equal to line 13. On Go to Part 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the top of page 1, ch                                                                                                    | eck box                                          | 1 <i>Țhere</i> | e is no pi | esumpti     | on of abuse.                      |             |              |
| ,                     | 4b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | page 1, check box 2                                                                                                      | The presu                                        | umptio         | n of abu   | se is det   | ermined by Fo                     | orm 122     | A-2 <i>.</i> |
| Part 3                | Sign Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                  |                |            |             |                                   |             |              |
|                       | By signing here, I declare under penalty of perjury that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | t the information on t                                                                                                   | his statem                                       | nent an        | nd in any  | attachm     | ents is true ar                   | nd correc   | ot.          |
|                       | X /s/ Balgobin Rattan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                  |                |            |             |                                   |             |              |
|                       | Balgobin Rattan Signature of Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                  |                |            |             |                                   |             |              |
|                       | Date December 4, 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                  |                |            |             |                                   |             |              |

Debtor 1

| Debtor 1 | Rattan, Balgobin                                                         | Case number (if known) |  |
|----------|--------------------------------------------------------------------------|------------------------|--|
|          | MM / DD / YYYY                                                           |                        |  |
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.            |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form | m.                     |  |

Certificate Number: 15557-NYE-CC-033781607



### **CERTIFICATE OF COUNSELING**

I CERTIFY that on <u>December 3, 2019</u>, at <u>6:03</u> o'clock <u>PM EST</u>, <u>Balgobin Rattan</u> received from <u>Urgent Credit Counseling, Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>Eastern District of New York</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 3, 2019 By: /s/Tiffany Terrell

Name: Tiffany Terrell

Title: Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx</a>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Eastern District of New York, Brooklyn Division

| In re       | Rattan, Balgobin                                                                                                                                                                                                                                      | a of New Tork, Brookly                                                  | Case No.              |                                    |    |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|------------------------------------|----|
|             |                                                                                                                                                                                                                                                       | Debtor(s)                                                               | Chapter               | 7                                  | _  |
|             | DISCLOSURE OF COMPE                                                                                                                                                                                                                                   | NSATION OF ATTO                                                         | RNEY FOR I            | DEBTOR                             |    |
| (           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20166 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of                                                                          | g of the petition in bankruptcy                                         | , or agreed to be pai | d to me, for services rendered or  | ίO |
|             | For legal services, I have agreed to accept                                                                                                                                                                                                           |                                                                         | \$                    | 2,500.00                           |    |
|             | Prior to the filing of this statement I have received                                                                                                                                                                                                 |                                                                         | \$                    | 2,500.00                           |    |
|             | Balance Due                                                                                                                                                                                                                                           |                                                                         | \$                    | 0.00                               |    |
| 2.          | The source of the compensation paid to me was:                                                                                                                                                                                                        |                                                                         |                       |                                    |    |
|             | ■ Debtor □ Other (specify):                                                                                                                                                                                                                           |                                                                         |                       |                                    |    |
| 3.          | The source of compensation to be paid to me is:                                                                                                                                                                                                       |                                                                         |                       |                                    |    |
|             | ■ Debtor □ Other (specify):                                                                                                                                                                                                                           |                                                                         |                       |                                    |    |
| 4.          | ■ I have not agreed to share the above-disclosed compe firm.                                                                                                                                                                                          | ensation with any other person                                          | unless they are men   | mbers and associates of my law     |    |
|             | ☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name                                                                                                                                         |                                                                         |                       |                                    | L  |
| 5.          | In return for the above-disclosed fee, I have agreed to ren                                                                                                                                                                                           | nder legal service for all aspec                                        | ts of the bankruptcy  | case, including:                   |    |
| l           | <ul> <li>Analysis of the debtor's financial situation, and render</li> <li>Preparation and filing of any petition, schedules, state</li> <li>Representation of the debtor at the meeting of creditor</li> <li>[Other provisions as needed]</li> </ul> | ment of affairs and plan which                                          | n may be required;    |                                    |    |
| <b>6.</b> ] | By agreement with the debtor(s), the above-disclosed fee                                                                                                                                                                                              | does not include the following                                          | g service:            |                                    |    |
|             |                                                                                                                                                                                                                                                       | CERTIFICATION                                                           |                       |                                    | _  |
|             | certify that the foregoing is a complete statement of any ankruptcy proceeding.                                                                                                                                                                       | agreement or arrangement fo                                             | r payment to me for   | representation of the debtor(s) in |    |
| D           | ecember 4, 2019                                                                                                                                                                                                                                       | /s/ Joseph Baliso                                                       | k                     |                                    |    |
| D           | ate                                                                                                                                                                                                                                                   | Joseph Balisok<br>Signature of Attorne<br>Balisok & Kaufma              |                       |                                    |    |
|             |                                                                                                                                                                                                                                                       | 251 Troy Ave<br>Brooklyn, NY 112<br>(718) 928-9607 F<br>joseph@lawbalis | ax: (718) 534-974     | 7                                  |    |
|             |                                                                                                                                                                                                                                                       | Name of law firm                                                        |                       |                                    |    |